



THE PANGBURN GROUP

# DEFINED CONTRIBUTION: EMPLOYEE & EMPLOYER CONTRIBUTIONS PLAN DESIGN QUESTIONNAIRE

**WE STRONGLY ENCOURAGE CLIENTS & ADVISORS TO CONTACT US FOR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE.  
PLEASE CALL (800) 634-3287 AND SPEAK TO A NEW BUSINESS CONSULTANT.**

## PLAN SPONSOR INFORMATION

Sponsor's Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Address: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_ Tax Year End: \_\_\_\_\_

Authorized Officer Name: \_\_\_\_\_ Ticker Symbol (if applicable): \_\_\_\_\_

Authorized Officer Title: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Authorized Officer Phone #: (\_\_\_\_\_) \_\_\_\_\_ Status:  Private  Private (Owned by Public Co.)  Public

Authorized Officer Email: \_\_\_\_\_ Board:  Yes  No Holding Co:  Yes  No

Does the Sponsor and/or Affiliate currently maintain other nonqualified defined contribution plan(s)?  Yes  No

Has the Sponsor and/or Affiliate terminated a nonqualified defined contribution plan(s) within the last 3 years?  Yes  No

## ACCOUNTING, TAX, & LEGAL INFORMATION

Business Form:  Regular C-Corporation  Limited Liability Company  Tax-Exempt (for IRC Section 457(f) "ineligible" plans only)

Subchapter S-Corporation  Partnership  Other: \_\_\_\_\_

Accounting:  Cash Basis  Modified Cash Basis  Accrual-Basis If C-Corp Selected: Marginal Tax Bracket \_\_\_\_\_%

Plan Administrator:  Board  Committee  Other: \_\_\_\_\_ Financial Statements:  Audited  Reviewed  Compiled

Financial Advisor Contact Name: \_\_\_\_\_ Financial Advisor's Company: \_\_\_\_\_

Financial Advisor Email: \_\_\_\_\_ Financial Advisor Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Financial Advisor Assistant Contact Name: \_\_\_\_\_ Assistant's Email: \_\_\_\_\_

Auditor/CPA Contact Name: \_\_\_\_\_ Auditor/CPA Firm: \_\_\_\_\_

Auditor/CPA Email: \_\_\_\_\_ Auditor/CPA Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Legal Advisor Contact Name: \_\_\_\_\_ Legal Advisor Firm Name: \_\_\_\_\_

Legal Advisor Email: \_\_\_\_\_ Legal Advisor Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_



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## AFFILIATE COMPANIES

List below any affiliated companies that will or may become a party to this plan. An affiliate is any corporation, partnership, joint venture, association, or similar organization or entity, other than the Plan Sponsor, that is a member of a controlled group of corporations in which the corporation is a member, as defined in Section 414(b) of the Code and all other trade or business (whether or not incorporated) under common control of or with the Plan Sponsor, as defined in Section 414(c) of the Code.

ENTITY NAME	BUSINESS FORM	OWNERSHIP	FISCAL YEAR END	ADOPTING COMPANY (Y/N)

## ELIGIBLE GROUP & EFFECTIVE DATES

Number of Eligible Individuals: \_\_\_\_\_  
(Complete Census Worksheet)

Anticipated Plan Effective Date: \_\_\_\_\_

The Plan Sponsor establishes this plan for the benefit of: (Choose either or both of the following)

- Selected Key Employees.** An unfunded nonqualified plan maintained primarily for the purpose of providing deferred compensation for a "select group of management or highly compensated employees," a "top-hat plan," exempt from Parts 2, 3, and 4 of Title I of ERISA.  
Are selected Key Employees under an employment agreement:  Yes  No *(If yes, please provide a copy of the current agreement.)*
- Independent Contractors.** A plan maintained solely for independent contractors or self-employed individuals (outside directors of a corporation, partners in a partnership, sole proprietors, non-employees) and exempt from Title I of ERISA.

## PARTICIPANT VOLUNTARY DEFERRALS

- Participant Voluntary Deferrals ARE NOT permitted**
- Participant Voluntary Deferrals ARE permitted** *(Complete the table below indicating types of compensation allowed for deferral. You may establish minimum and maximums for each type of compensation deferral. Please discuss with the consultant.)*

COMPENSATION ELIGIBLE FOR DEFERRAL
<input type="checkbox"/> Base Salary
<input type="checkbox"/> Bonus
<input type="checkbox"/> Commission
<input type="checkbox"/> Independent Contractor Compensation
<input type="checkbox"/> Director Fees
<input type="checkbox"/> Other (PLEASE DESCRIBE): _____







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## SCHEDULED PAYMENTS

Participants can elect a Specified Time to receive distributions of Voluntary Deferral Amounts. These payments are typically referred to as "scheduled withdrawals" or "in-service distributions." Complete each section below to indicate your in-service distribution preferences:

**NOTE:** *We strongly encourage that only voluntary deferrals are paid at a Specified Time and that Plan Sponsor contributions are paid upon the earlier of the plan payment events.*

**IN-SERVICE DISTRIBUTIONS:** (choose only one)

- Not Permitted**
- Permitted.** Please complete the specifications below.

SPECIFICATIONS	PLAN SPONSOR REQUIREMENTS
Maximum Number of Scheduled Withdrawal Accounts Allowed. <b>NOTE:</b> If your Plan utilizes "Class Year Vesting," Participants must elect only one Specified Time per year.	
Earliest month following the contribution year that Participants can choose to receive payment (e.g., January of the 5 <sup>th</sup> year; July of the 3 <sup>rd</sup> year)	

## OTHER PAYMENT CONSIDERATIONS

**UNFORESEEABLE EMERGENCY DISTRIBUTIONS:** (choose only one)

- Not Permitted**
- Permitted**

**SUBSEQUENT CHANGES TO TIME AND FORM OF PAYMENT.** If participants are allowed to elect the time and/or form of payment for an event, indicate below whether or not the participants can elect to change the time or form of payment (i.e., "redefer"):

- Participants **ARE permitted** to make changes to their payment elections in accordance with IRS rules.
- Participants **ARE NOT permitted** to make changes to their payment elections in accordance with IRS rules.

**MINIMUM THRESHOLD.** If installment payments are allowed, you may choose a dollar threshold that will require a lump sum distribution if the Participant's balance is equal to or less than the threshold as of the valuation date of the initial installment.

- Not Permitted**
- Permitted.** The threshold will be \$\_\_\_\_\_. (Choose an amount greater than the 402(g)(1)(B) limit; \$18,500 for 2018)

**DEFINITION OF PLAN DEATH BENEFIT(S):**

- Named Beneficiary receives Vested Account Balance (**strongly recommended**)
- Named Beneficiary receives stated dollar amount (specified amount or formula) (define: \_\_\_\_\_)
- Named Beneficiary receives Vested Account Balance PLUS stated dollar amount (define: \_\_\_\_\_)
- No Death Benefit under this Plan - it will be provided under a separate endorsement split dollar or death benefit only arrangement (*Please provide details below*)



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**If Endorsement Split Dollar or DBO is used, please complete the following:**

Plan Type:  Pre-Retirement Only     Post-Retirement Only     Both Pre- and Post-Retirement

Employer portion of the Death Benefit: \_\_\_\_\_

Employee portion of the Death Benefit: \_\_\_\_\_

Employer portion of the Premium: \_\_\_\_\_

Employee portion of the Premium: \_\_\_\_\_

**TREATMENT OF REMAINING INSTALLMENTS AFTER DEATH:**

- Continue remaining installment payments (if any) to named Beneficiaries
- Commute remaining installment payments (if any) and pay Beneficiaries a lump sum

**INFORMAL FUNDING**

Select the type of informal funding for the plan:

- Corporate / Bank Owned Life Insurance**

Name of Carrier(s): \_\_\_\_\_

Product Name: \_\_\_\_\_ Product Type: (i.e., VUL, UL, WL, etc.) \_\_\_\_\_

Underwriting Status: \_\_\_\_\_ Anticipated Issue Date of Policies: \_\_\_\_\_

Funding Strategy:  *Aggregate* (pool of liabilities matched to pool of assets)     *Individual* (one policy for each participant)

- Mutual Funds**
- No Informal Funding**
- Other:** \_\_\_\_\_

**SECURING THE BENEFIT**

Indicate below the type of security for the benefit obligations.

- None**
- Rabbi Trust** - an irrevocable trust used to hold assets of any type that the trustee is willing to hold and that are intended to pay benefits under a top-hat plan. Assets held in a Rabbi Trust must remain subject to the claims of the Plan Sponsor's creditors in the event of the Plan Sponsor's insolvency or bankruptcy. **Trustee:** \_\_\_\_\_
- Other:** (please describe) \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION:**

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*The information provided above will be used to create a sample nonqualified deferred compensation plan document and supporting forms which will be provided to you and your legal counsel to assist in drafting the plan agreement. As a convenience to you, and at your request, we will prepare final documents incorporating any comments, corrections, or additions you and your advisor(s) feel are appropriate.*