



THE PANGBURN GROUP

DEFINED CONTRIBUTION: EMPLOYER CONTRIBUTIONS ONLY 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.

PLAN SPONSOR CONTRIBUTIONS

Please describe anticipated method for determining Plan Sponsor contributions: _____

Anticipated Date of Initial Contribution: _____

Frequency of Contributions: _____

Vesting for Plan Sponsor Contributions: (choose *only one*)

- Fully Vested (100%) at all times
- Cliff Vesting in year _____ (e.g., 0% for 5 years, 100% thereafter)
- Graded Vesting ____% over _____ years (e.g., 10% per year for 10 years)
- Determined on an individual basis (Please discuss with your Consultant)



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- Basis for Vesting:**
- Years of Plan Participation
 - Age
 - Years of Service
 - Combination of Age plus Years of Service/Participation

Please check if applicable: Each plan year contribution vests separately based on the selection above ("Class Year Vesting")

ACCELERATED VESTING FOR PLAN SPONSOR CONTRIBUTIONS: Vesting of a Participant's Plan Sponsor Discretionary Contribution Accounts shall be accelerated based on the following guidelines: (Check all that apply and indicate the accelerated percentage.)

SPECIFIED EVENT	% VESTED	SPECIFIED EVENT	% VESTED
<input type="checkbox"/> Death	%	<input type="checkbox"/> Attainment of a Specified Date/Age of ()	%
<input type="checkbox"/> Change in Control	%	<input type="checkbox"/> Complete () years of participation	%
<input type="checkbox"/> Disability	%	<input type="checkbox"/> Complete () years of service	%

PLAN VALUATION

Participant Account(s) will be credited or debited with returns based on the following: (*choose only one*)

- DEEMED Investment Results** - Gains/losses are based on selected Carrier VUL sub-account unit values or publicly traded mutual fund share prices to be used only as a measurement index and not associated with an actual investment. Under this method, Plan Sponsor assumes risk for charges, expenses, fees, etc. associated with funding vehicle. Select the deemed investment option that will be used: (*choose only one*)
 - Subaccounts
 - Mutual Funds
 - Mirror 401(k) Funds
 - Other: _____
- Participant directs** the Deemed Investment Options for his/her account(s)
- Plan Sponsor directs** the Deemed Investment Options for Participant's account(s)
- Declared Interest Rate/Index** (*choose only one*)
 - Fixed Interest.** Interest at the rate of _____% per annum compounded daily on all Participant Account(s).
 - Discretionary Interest.** Describe timing and anticipated formula: _____
- ACTUAL Asset Results** - Gains/losses are measured by the participant's informal funding vehicle. (*choose only one*)
 - COLI Cash Surrender Value** (net of all loads, charges, and expenses)
 - COLI Account Value** (before surrender charges)
 - Mutual Fund Value**
 - Other** (specify): _____



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PAYMENT EVENTS

Check ALL events that will trigger payment under the Plan, and specify the form(s) of distribution allowed or available for participant election.

PAYMENT EVENT	FORM OF PAYMENT (ANNUALLY IS RECOMMENDED FOR INSTALLMENTS)	DURATION OF PAYMENT	PARTICIPANT CAN ELECT?
<input type="checkbox"/> Separation from Service	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	_____ Years	<input type="checkbox"/> Yes
<input type="checkbox"/> Death	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	_____ Years	<input type="checkbox"/> Yes
<input type="checkbox"/> Disability	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	_____ Years	<input type="checkbox"/> Yes
<input type="checkbox"/> Change in Control	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	_____ Years	<input type="checkbox"/> Yes

OTHER PAYMENT CONSIDERATIONS

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*)

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: _____



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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:

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.