



THE PANGBURN GROUP

457(f) DEFINED BENEFIT PLAN 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.

PAYMENT EVENTS

Stated Benefit Amount: _____

Other Benefit Formula: _____

Vesting and Distribution for the Stated Amount: The stated amount shall become fully (100%) vested and distributed FOR ALL PARTICIPANTS upon the earliest to occur of the following events: (choose all that apply)

- Fixed Date _____
- _____ Years of Plan Participation
- _____ Years of Service
- Participant's Age _____
- Involuntary Separation from Service
- Separation from Service for Good Reason
- Disability
- Change in Control
- Death (unless paid under a separate endorsement split dollar or death benefit only arrangement - provide details below)
- Determined on an individual basis (please discuss with your Consultant)



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

Employer portion of the Death Benefit: _____

Employee portion of the Death Benefit: _____

Employer portion of the Premium: _____

Employee portion of the Premium: _____

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 457(f) ineligible 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.