



THE PANGBURN GROUP

# 457(f) 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.

## PAYMENT EVENTS

Please describe anticipated method for determining Plan Sponsor contributions: \_\_\_\_\_

Anticipated Date of Initial Contribution: \_\_\_\_\_

Frequency of Contributions: \_\_\_\_\_

**Vesting and Distribution for Plan Sponsor Contributions:** Plan Sponsor Contributions PLUS earnings shall become fully (100%) vested and distributed FOR ALL PARTICIPANTS upon the earliest to occur of the following events: (choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Fixed Date _____                    | <input type="checkbox"/> Separation from Service for Good Reason   |
| <input type="checkbox"/> _____ Years of Plan Participation   | <input type="checkbox"/> Disability  |
| <input type="checkbox"/> _____ Years of Service              | <input type="checkbox"/> Change in Control   |
| <input type="checkbox"/> Participant's Age _____             | <input type="checkbox"/> Death (unless paid under a separate endorsement split dollar or death benefit only arrangement - provide details below) |
| <input type="checkbox"/> Involuntary Separation from Service | <input type="checkbox"/> Determined on an individual basis (Please discuss with New Business Consultant.)  |

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



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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: \_\_\_\_\_

## 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

Mirror 401(k) Funds

Mutual 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).

**Index.** *(Please describe)* \_\_\_\_\_

**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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## 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 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.*