

Solo 401k Plan Design Questionnaire

Please complete the information, leaving anything Blank when you are unsure of the answer.

Return the completed Questionnaire. The data from the questionnaire is used to complete the pages of the plan's documents

Your Company Data:

Company Information:

1. Name of Adopting Employer (Your Company Name): _____
- 2a. Plan Sponsor address line I: _____ (no P.O. Boxes)
- 2b. Plan Sponsor address line 2: _____
3. Plan Sponsor city: _____
4. Plan Sponsor state: _____
5. Plan Sponsor zip: _____
6. Plan Sponsor phone Number: _____
7. Plan Sponsor fax Number: _____
8. Plan Sponsor Employer Identification Number: _____ (required)
9. Plan Sponsor fiscal year end: _____
- 10a. Plan Sponsor entity type:
 Corporation Partnership Limited Liability Company Limited Liability Partnership Sole Proprietorship
(Single member LLC's are considered Sole Proprietors by the IRS. Check with your Accountant to determine your actual taxed business structure)
- 10b. If 10a. is "Corporation", is it a Subchapter S corporation:
 Yes No
11. State of organization of Plan Sponsor (not postal abbreviation): _____

Your Email Address: _____

Trust

1 Trustee Type

- 1.. Number of Trustee signature lines:
[] 1 [] 2
- 2a. Name of first Trustee: _____ (Your Name goes here)
- 2b. Name of second Trustee: _____ (In case 1st Trustee incapacitated)

A. GENERAL INFORMATION

General

1. Plan Number: _____ (If first plan ever for the Company then number is 001)
2. First line of Plan name: _____ (Company Name)
- 3a. Original effective date of Plan: _____ (January 1, 2018 for new plans)
- 3b. Is this a restatement of a previously-adopted plan?
 Yes No
- 3c. If A.3b is "Yes", effective date of Plan restatement: _____
- 3d. Name of Prior Plan: _____
4. Plan Year End (Month Day): _____
5. Trust EIN: _____ (Trust Identification Number) (To be Completed Later)

E. DISTRIBUTIONS

Normal Retirement

1. Normal Retirement Age means the attainment of age (not to exceed 65):
 62 63 64 65
2. Distributions from the Plan after Termination for reasons other than death may be made in the following forms:
 Lump sum only Lump sum and installments

:

**Once completed please return the plan design questionnaire with your payment to the office at:
The Solo-k Retirement Group, 1101 Phillipville Loop, Canton, N.C. 28716**