

Plan Design Questionnaire

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

Return the completed Questionnaire along with your Check or Money Order to The Solo-k Retirement Group, Attn: Lawrence Groves, P.O. Box 294168, Lewisville, TX 75029-4158

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

Corporate Individual (If you are using a Trust Company, check Corporate, otherwise check Individual)

2. If 3 is "Corporate", enter Trustee Name : _____
3. Corporate Trustee Address: _____
4. Number of Trustee signature lines:
 1 2 3
- 5a. Name of first Trustee: _____ (Your Name goes here)
- 5b. 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, 2009 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, and your check to:

The Solo-k Retirement Group
Attn: Lawrence Groves
P.O. Box 294168
Lewisville, TX 75029-4168
Toll free 1- 866-915-401K
Fax: 1-866-850-0564