



ANNUAL ADMINISTRATION QUESTIONNAIRE

Please complete this form in its entirety and return to CAI with the census request spreadsheet.

<Without this information we will NOT be able to complete the administration of your plan.>

Name of Company: _____ Plan Year End: _____

Name of Person completing this form: _____

Contact Email Address: _____

Signature of Plan Sponsor: _____ Employer Tax Year End: _____

1. Are you planning on making a Profit Sharing Contribution for this plan year? Yes____ No____
Are you targeting a Higher or Lower employer contribution this year? (if applicable) _____
Contributions already deposited for this plan year: \$ _____ Date: _____

2. Did you include all employees on the census? Yes____ No____(*)
If No, please explain; i.e. Leased Employees, Union Employees _____
(*)Leased employees, temporary employees, part-time employees MUST be included on census.

3. Please complete the following regarding Company Officers and Ownership of the business during the plan year:

Shareholders/Partners/Officers	Title of Officer	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any time during the plan year

4. Do any **Company Owners** or **Officers** have a relative or a spouse working for the company?
(Participants legally divorced with the same name should be noted as well)

If so, enter name of employee and name of each relative and their relationship:

<u>Owner/Officer Name</u>	<u>Relative's Name</u>	<u>How are they related?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Fidelity Bond Information:

Was the plan covered by a Fidelity Bond during the plan year? Yes____ No_

Amount of Bond \$ _____ Coverage period: _____

Insuring Company: _____ (Please provide CAI with Top Page of Policy)

(Not applicable to plans with Owner only as participant.)

6. Has your company changed status from a C Corp. to an S Corp.?
 Has your company changed status from a Sole Prop/or an S Corp. to C Corp.?
 (Please note any status change below)

Yes ___ No ___ Old Status: _____
 New Status: _____

7. Did your company acquire or merge with another company during the plan year?
 Yes ___ No ___

8. Please provide information below if you have purchased or own one of the following entities:

Affiliated Service Group

Two or more entities which may be of a service-type or management-type group where one is a owner, shareholder or partner of the other, and where one entity performs a service/management function on a regular and/or continuous basis for the other entity, or one entity is regularly associated with the other entity in the performance of a service to a third party. [Internal Revenue Code Sec. 414(m)]

Controlled Group

Two or more entities with a greater than 50% common ownership may be a controlled group within the meaning of Internal Revenue Code Sec. 1563(a) applied without regard to Code Sec. 1563(a)(4) and 1563(e)(3)(c) are considered to be Companies Under Common Control.

Does not apply to our organization

NAME OF ENTITY	EIN#	RELATIONSHIP (FUNCTION)
_____	_____	_____
_____	_____	_____

Date started or acquired _____

Do entities sponsor a retirement Plan? Yes ___ No ___

Do these entities have employees? Yes ___ No ___

Please fax the signed form to CAI at: (714) 669-0541