

Questionnaire: Hartford Solo db Plan

The following information is required to complete the set-up of your Hartford Solo db Plan. Administration of your Hartford Solo db Plan is provided by Dedicated Defined Benefit Services LLC one of the leading I-5 person business defined benefit plan administration firms in the US. All answers are confidential. The questionnaire must be completed and signed by the employer with the assistance of a Hartford Solo db representative at Dedicated DB and/or your investment professional.
Please call 1-866-765-6321 with any questions.

Employer Information

1) **Legal Name of Employer:** _____

DBA Name (if applicable): _____

Owner(s)' Name: _____

Owner(s)' Email Address: _____

Mailing Address of Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2) **Employer ID # :** _____

3) **Entity Type:** C-corp S-corp Partnership Sole Proprietor LLC Other _____

If an LLC, how is it taxed? Sole Proprietor Partnership C-Corp S-Corp

4) **Employer's Fiscal Year End:** _____ **Date of Incorporation or Date Business Began:** _____

If business entity type has changed, please explain under Notes (Item 21).

5) **Principal Business Activity:** _____ **Six Digit Business Code:** _____

6) **Enter estimated contribution you wish to make: \$** _____

All contribution amounts are ESTIMATES ONLY until we receive your final year-end data and the contribution is approved by our actuary.

7) **Contact Person (if other than the owner):**

Name: _____

Company: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____

8) **Financial Representative:**

Name: _____

Company: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____

9) **Accountant:**

Name: _____

Company: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____

Plan Information

10) **Effective Date of Plan** (usually the first day of the current fiscal year): _____

11) **Trustee(s)** (usually the owner): _____

12) **Eligibility Requirements:**

Union employees and nonresident aliens earning no U.S. income are not eligible to participate in the plan. Eligible employees will enter the plan on the semi-annual date after completing the following requirements:

Age Requirement:

Age 21

Other (not greater than 21):

Service Requirement:

None (allows part-time employees to enter the plan)

1 Year of Service

2 Years of Service (requires 100% vesting)

13) **Vesting Schedule for employer contributions:**

100% Vested Immediately

6 Year Graded — 0/20/40/60/80/100

3 Year Cliff — 0/0/100

14) **Other Plans:**

Does the employer sponsor any other plans?

Yes; Description _____

If Yes, amount of contribution, if any, to other plan: \$ _____

No

Has the employer sponsored any plans that have been terminated?

Yes; Description _____

No

15) **Related Employers:**

If your business is part of a controlled group or affiliated service group, employees of all members of the group must be covered by this plan. Please review the items below and check any that apply to you.

Yes

No

Do any owners or stockholders of the employer own interests in other businesses?

Is the employer part of a controlled group of businesses?

Is the employer part of an affiliated service group?

Does the employer have any leased employees?

Census Information

16) **Owner's Names:** _____

Date of Birth: _____ Date of Hire: _____ Social Security Number: _____ % of Ownership: _____

Please list any additional owner and compensation history under Notes (Item 20).

17) **Compensation** (See instructions on next page)

Owner's 2007 Expected Compensation: _____

Compensation: please list the last three years of Compensation, plus any previous years if higher:

Year	Compensation	1/2 Self-Employment Tax (if applicable)	Plan Contributions (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18) **If you have employees,**

Name	Date of Birth	Date of Hire	Compensation	Over 1000 Hours?	Officer?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19) **What is the first plan year of administration the Dedicated DB is responsible for:** 2007 2008 Other

20) **Is this plan covered by the Pension Benefit Guaranty Corporation** (see next page)?

21) **Notes/Other Information:**

22) **Investment Program:**

This program will be funded by: A Hartford Mutual Fund Account

Please sign and date below. By signing this form, you are acknowledging as the sponsoring Employer that you have received and read the Hartford Solo db Program proposal, understand the fees set forth in the proposal, and understand that a defined benefit plan has a required annual contribution. With that understanding, you are authorizing the establishment of the plan based on the information provided in this questionnaire. Please retain a copy of this questionnaire for your files.

Signature: _____ **Date:** _____

Please make your check payable to **Dedicated Defined Benefit Services LLC**

Mail this signed form with your check to:

Dedicated Defined Benefit Services LLC
1670 South Amphlett Boulevard
Suite 214
San Mateo, CA 94402

General Information

Compensation

The definition of Compensation varies by business entity type. .

- 1) Compensation means W-2 income if your business entity type is a corporation, S-corporation or LLC electing to be taxed as a corporation or S-corporation.

When completing Item 17, enter your estimated W-2 income for the current year. Please also complete the first 2 columns of the Compensation History section: enter the year and your W-2 income. Do not complete the last two columns.

- 2) Compensation means Net Business Income if your business entity type is a sole-proprietorship, partnership or LLC electing to be taxed as a sole-proprietorship or partnership. Net Business Income is your gross income minus expenses.

When completing Item 17, enter your estimated Net Business Income for the current year. Please also complete each column of the Compensation History section: enter the year, Net Business Income, deduction for 1/2 self-employment tax and any deduction for contributions made to a SEP, Keogh, or other qualified retirement plan. For a sole-proprietorship, Net Business Income is on line 28 of your Schedule C and line 12 of your Form 1040. The deduction for 1/2 self-employment tax is on line 27 of your Form 1040, and any deduction for contributions to a retirement plan is on line 28 of your Form 1040.

Other notes about Compensation:

- 1) When entering Compensation History do not list compensation paid from an unrelated business. For example, if your business began in 2007 and before that you worked for ABC Inc., do not list compensation paid by ABC Inc.
- 2) For S-corporations, Schedule K-1 dividend distributions cannot be used as Compensation.
- 3) In general, Compensation does not include "passive income" such as income from investments or property.
- 4) Compensation must be received only from the employer (plan sponsor) establishing the plan.
- 5) Please refer to your CPA to determine where deductions are taken on the appropriate tax return.

Fidelity Bond

If your plan has participants other than owners and their spouses, it is required by ERISA that Plan Fiduciaries be bonded for plan assets. A Fidelity Bond is necessary to protect the plan against loss through fraud or dishonesty on the part of the plan officials. Plan Fiduciaries should be insured for a minimum of 10% of the plan assets, but not less than \$1,000. The maximum amount required is \$500,000. A Fidelity Bond may be obtained through your business property and casualty insurance carrier.

PBGC Coverage

Defined Benefit plans are required to be covered by the Pension Benefit Guaranty Corporation (PBGC) insurance program with the following exceptions:

- Professional Service Employer with less than 25 participants
- Owners only / with spouse

A professional service individual includes, but is not limited to, physicians, dentists, chiropractors, osteopaths, optometrists, other licensed practitioners of the healing arts, attorneys at law, public accountants, engineers, architects, draftsmen, actuaries, psychologists, scientists, and performing artists.

If required to be covered by the program, premiums will need to be paid to the PBGC. .