



Fringe Benefit Administrators, Ltd.
110 Veterans Blvd. Suite # 120
Metairie, LA 70005

To: Dick Watson
Company : Fringe Benefit Administrators, Ltd.
Fax : (504) 835 9296
Phone : (504) 849-1030

Client & Plan Confidential Questionnaire

To request a Proposal or an Estimate of Fees, you must complete this Company & Plan Confidential Data Form. This Questionnaire provides FBA with the vital information about the prospective Client & Plan, to enable FBA to tailor the proposal to meet the Plan's parameters and to offer the most competitive pricing.

It is recommended that you submit the form to FBA via Fax (or E-Mail), at the number indicated below. To assure the accuracy of your proposal, please type or neatly print the information on the form.

Every effort will be made to complete your proposal as quickly as possible; however, it will normally take a minimum of five (5) business days for preparation.

The section entitled Plan Conversion / Takeover Checklist is included to provide you, in advance, a checklist of the required information that will be need for conversion of an existing Plan to FBA. This information is not required to get a proposal or an estimate of fees, unless specifically requested by FBA.

Some of the requested information is rather detailed and technical in nature, consequently, if you have any question regarding this form or about FBA's Plan Services, please do not hesitate to contact me.



Dick Watson
President & CEO
Phone #: (504) 849-1030
Fax #: (504) 835-9296
E-Mail: dick@fbanet.com



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FBA Company & Plan Confidential Data Form

Company Information					
Company Name:			Phone Number:		
Street Address:			Fax Number:		
City, State, Zip Code:			WebSite Address:		
Mailing Address (if different):			Date Business Established:		
Type of Business Entity:			Employer Tax ID:		
C-Corporation	Partnership	LLC (Taxed as Sub-S)	Fiscal Year End:		
S-Corporation	Sole Proprietor	LLC (Taxed as Prop. / Partnshp.)			
Professional Corp/Assoc	Governmental	501(c)(3) Non Profit			
Principal Business Activity:		Union Employees:		Leased Employees:	
		Yes No	Yes No		Seasonal Employees: Yes No
Company Officers/Owners					
Name : _____		Title : _____		Ownership % : _____ %	
Name : _____		Title : _____		Ownership % : _____ %	
Name : _____		Title : _____		Ownership % : _____ %	
Name : _____		Title : _____		Ownership % : _____ %	
Client Contact For Plan Issues					
Name: _____		Phone #: _____		Fax #: _____	
Title : _____		E-Mail Address : _____			
Additional Information					
Do Owners or Spouses have > 5% Ownership in other Company(s)?			Payroll Frequency:		
Yes No <i>If Yes -Please provide Ownership Information</i>			Weekly (52) Semi-Monthly (24) Bi-Weekly (26)		
Company(s): _____ %			Payroll Provider:		
Company(s): _____ %					
Member of "Controlled Group"?			Approximate # of Employees		Approximate Annual Payroll
Yes No		Member of "Affiliated Service Group"?			
Yes No		Yes No			
Existing Plan Information					
Existing Plan: Yes No If Yes, what type:			(Est.) # of Plan Participants : # _____		
Type: PS MP 401(k) Pension ESOP			(Est.) Annual Contributions : \$ _____		
Type SEP SIMPLE IRA 403(B) 457			(Est.) Current Plan Assets : \$ _____		
Plan Initial Effective Date: _____			Plan Tax ID # : _____		
Conversion / Takeover Date: _____			Plan Trustee(s) : _____		
Plan Name: _____					
NOTE : Census Data Required					

Plan Design Specifications Questionnaire

Plan Type: New Plan Existing / Conversion Plan	Profit Sharing Plan Money Purchase Plan	401(k) / Profit Sharing Plan 403(B) Plan	Safe Harbor 401(k) Plan ESOP Other _____
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Plan Eligibility: Minimum Age: _____ Minimum Service: _____ "Open" Enrollment At Inception Automatic Enrollment Exclude: Union Employees Non-Resident Aliens Other _____	Plan Entry Date(s): Monthly Semi-Annually Quarterly Annually Other _____ Special Features _____
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Plan Contributions: 401(k) Deferrals: (0% - 100%) _____ % (Maximum) 401(k) Company Match: Discretionary Match Safe Harbor Match (100% Vested) Match : _____ % Up to _____ % of Wages Plus : _____ % Up to _____ % of Wages "3%" Safe Harbor Non-Elective	Profit Sharing: Discretionary Contributions Pro-Rata Allocation Integrated Allocation New Comparability Allocation Age Weighted Allocation Money Purchase: _____ % of Wages
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Vesting: 100% Immediate Six (6) Year Graded 3-Year Cliff Other _____	Retirement Age: Normal Age: _____ with _____ Yrs of Service Early Age: _____ with _____ Yrs of Service
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Additional Information

<table style="width: 100%;"> <tr> <td>Plan Loans:</td> <td>Allowed</td> <td>Not Allowed</td> </tr> <tr> <td>Hardship Withdrawals:</td> <td>Allowed</td> <td>Not Allowed</td> </tr> <tr> <td>In-Service Withdrawals:</td> <td>Allowed</td> <td>Not Allowed</td> </tr> <tr> <td>Rollovers/Transfers:</td> <td>Allowed</td> <td>Not Allowed</td> </tr> <tr> <td>ADP/ACP Testing:</td> <td>Current Yr.</td> <td>Prior Yr. N/A</td> </tr> </table>	Plan Loans:	Allowed	Not Allowed	Hardship Withdrawals:	Allowed	Not Allowed	In-Service Withdrawals:	Allowed	Not Allowed	Rollovers/Transfers:	Allowed	Not Allowed	ADP/ACP Testing:	Current Yr.	Prior Yr. N/A	<table style="width: 100%;"> <tr> <td>Investment Direction:</td> <td>Participant</td> <td>Company /Trustee</td> </tr> <tr> <td>Investment Funds / Models:</td> <td>Funds</td> <td>Models Both</td> </tr> <tr> <td># of Investment Fund Options:</td> <td>5 to 10</td> <td>10 to 15 15 to 20</td> </tr> <tr> <td>Self-Directed Accounts (SDA):</td> <td>Allowed</td> <td>Not Allowed</td> </tr> <tr> <td>Special Assets?</td> <td>Company Stock</td> <td>Insurance GICs / Annuity</td> </tr> </table>	Investment Direction:	Participant	Company /Trustee	Investment Funds / Models:	Funds	Models Both	# of Investment Fund Options:	5 to 10	10 to 15 15 to 20	Self-Directed Accounts (SDA):	Allowed	Not Allowed	Special Assets?	Company Stock	Insurance GICs / Annuity
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Valuation Method: Unit/Share Accounting Cash/Balance Forw. Valuation Frequency: Daily Quarterly Annually Participant Statements: Quarterly Annually Mail Participant Statements ? Yes No Participant "Super" Statements ? Yes No Newkirk 'MasteryPoint' - Service ? Yes No	Trustee Services Requested ? Yes No Telephone Acct. Access Requested ? Yes No Internet Acct. Access Requested ? Yes No Administration Fees Paid By ? Company Plan Distrb/ Loan Fees Paid By ? Company Participant SDA Fees Paid By ? Company Participant
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Plan Name & Trustees

Plan Name: _____	
Plan Initial Effective Date: _____ Conversion / Takeover Date: _____ Plan Tax ID # : _____ Apply For	Plan Trustee(s) : _____ Plan Trustee(s) : _____ Plan Trustee(s) : _____

Referral Information

Investment Professional : _____	Phone # : _____
Investment Firm / Broker Dealer : _____	Fax # : _____

Submitted By: _____	Today's Date: _____
Organization: _____	Presentation Date: _____
Address: _____	Conversion Date: _____
Comments: _____	1st Deferral Date: _____
_____	Phone # : _____

NOTE : Census Data Required

