



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

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: <input type="checkbox"/> C-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Taxed as Sub-S) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC (Taxed as Prop. / Partnshp.) <input type="checkbox"/> Professional Corp/Assoc <input type="checkbox"/> Governmental <input type="checkbox"/> 501(c)(3) Non Profit			Employer Tax ID:	
Principal Business Activity:			Fiscal Year End:	
NAIC Business Code		Union Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Leased Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal Employees: <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes -Please provide Ownership Information</i> Company(s): _____ % Company(s): _____ %		Payroll Frequency: <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Semi-Monthly (24) <input type="checkbox"/> Bi-Weekly (26)		
		Payroll Provider: <input type="checkbox"/> In House <input type="checkbox"/> Vendor _____		
Member of "Controlled Group"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of "Affiliated Service Group"? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate # of Employees	Approximate Annual Payroll
Existing Plan Information				
Existing Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type: Type: <input type="checkbox"/> PS <input type="checkbox"/> MP <input type="checkbox"/> 401(K) <input type="checkbox"/> Pension <input type="checkbox"/> ESOP <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> 403(B) <input type="checkbox"/> 457 401K Match Contribution: <input type="checkbox"/> No <input type="checkbox"/> Yes - _____ % Other Company Contribution: <input type="checkbox"/> No <input type="checkbox"/> Yes - _____ %		(Est.) # of Plan Participants : # _____ (Est.) Annual Contributions : \$ _____ (Est.) Current Plan Assets : \$ _____ Current Plan Provider : _____ Current TPA Firm : _____		
Accountant / CPA Name : _____		Phone # : _____	E-Mail : _____	
NOTE : Census Data Required				

Plan Design Specifications Questionnaire

Plan Type: <input type="checkbox"/> New Plan <input type="checkbox"/> Existing / Conversion Plan	<input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> 401(k) / Profit Sharing Plan <input type="checkbox"/> Safe Harbor <input type="checkbox"/> Traditional <input type="checkbox"/> Money Purchase Plan <input type="checkbox"/> 403(B) Plan <input type="checkbox"/> ESOP <input type="checkbox"/> Other _____	
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Plan Eligibility: Minimum Age: _____ Minimum Service: _____ <input type="checkbox"/> "Open" Enrollment At Inception <input type="checkbox"/> Automatic Enrollment Exclude: <input type="checkbox"/> Union Employees <input type="checkbox"/> Non-Resident Aliens <input type="checkbox"/> Other _____	Plan Entry Date(s): <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____ <hr/> Special Features _____
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Plan Contributions: <input type="checkbox"/> 401(k) Deferrals : <input type="checkbox"/> Maximum <input type="checkbox"/> Other _____ % <input type="checkbox"/> ROTH 401(k) Deferrals <input type="checkbox"/> Catch-Up Contributions <input type="checkbox"/> 401(k) Company Match: <input type="checkbox"/> Discretionary <input type="checkbox"/> Safe Harbor Match (100% Vested) Match : _____ % Up to _____ % of Wages Plus : _____ % Up to _____ % of Wages <input type="checkbox"/> "3%" Safe Harbor Non-Elective (100% Vested) <input type="checkbox"/> Rollovers / Transfers: <input type="checkbox"/> Any Employee <input type="checkbox"/> Participant Only	<input type="checkbox"/> Profit Sharing: Discretionary Contributions <input type="checkbox"/> Pro-Rata Allocation <input type="checkbox"/> Integrated Allocation <input type="checkbox"/> Age Weighted Allocation <input type="checkbox"/> New Comparability Allocation <input type="checkbox"/> Rate Grps. _____ <input type="checkbox"/> Per Participant <input type="checkbox"/> Money Purchase: _____ % of Wages
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Vesting: <input type="checkbox"/> 100% Immediate <input type="checkbox"/> Six (6) Year Graded <input type="checkbox"/> 3-Year Cliff <input type="checkbox"/> Other _____ (Safe Harbor Cont. - 100% Vested) <input type="checkbox"/> Exclude / Include Service For Vesting : _____	Retirement Age: <input type="checkbox"/> Normal Age: _____ with _____ Yrs of Service <input type="checkbox"/> Early Age: _____ with _____ Yrs of Service <input type="checkbox"/> Allow In Service Distribution At Retirement
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Additional Information

<input type="checkbox"/> Plan Loans: Min Loan \$1,000 Max. # of Loans : _____ <input type="checkbox"/> Hardship Withdrawals: <input type="checkbox"/> 401(k) Only <input type="checkbox"/> All Sources <input type="checkbox"/> In-Service Withdrawals: <input type="checkbox"/> Age 59-1/2 <input type="checkbox"/> Other _____ <input type="checkbox"/> 401(k) Only <input type="checkbox"/> All Sources ADP/ACP Testing: <input type="checkbox"/> Current Yr. <input type="checkbox"/> Prior Yr. <input type="checkbox"/> Safe Harbor	Investment Direction: <input type="checkbox"/> Participant <input type="checkbox"/> Company /Trustee Investment Funds/ Models/ SDA: <input type="checkbox"/> Funds <input type="checkbox"/> Models <input type="checkbox"/> SDA Accts # of Investment Fund Options: <input type="checkbox"/> 10 to 20 <input type="checkbox"/> Over 20 <input type="checkbox"/> By Provider Investment Platform : <input type="checkbox"/> FBA/InvestLink <input type="checkbox"/> Other _____ Special Assets? <input type="checkbox"/> Company Stock <input type="checkbox"/> Insurance <input type="checkbox"/> GICs / Annuity
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Valuation Method: <input type="checkbox"/> Daily Val. <input type="checkbox"/> Periodic / Balance Forward Valuation Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Participant Statements: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Participant Statement Type: <input type="checkbox"/> Traditional <input type="checkbox"/> "Super" Statements Participant Statement Delivery: <input type="checkbox"/> To Company <input type="checkbox"/> Mail To Participants MasteryPoint' - Guidance Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trustee Services Required: <input type="checkbox"/> Yes <input type="checkbox"/> No 800 # / VRU Acct. Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Internet Acct. Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Administration Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Plan Distr'b/ Loan Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Participant SDA Fees Paid By ? <input type="checkbox"/> Company <input type="checkbox"/> Participant
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Plan Name & Trustees

Plan Name: _____	
Plan Initial Effective Date: _____ Conversion / Takeover Date: _____ Plan Tax ID # : _____ <input type="checkbox"/> Apply For	Plan Trustee(s) : _____ Plan Trustee(s) : _____ Plan Trustee(s) : _____

Referral Information

Investment Professional : _____ Investment Firm : _____ Address : _____	Phone # : _____ Cell # : _____ Fax # : _____ E-Mail : _____
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Accountant / CPA : _____ Address : _____	Today's Date: _____ Start / Conv. Date : _____
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NOTE : Census Data Required

Plan Conversion / Takeover Checklist

- 1) A current Employee Census Record of all Employees, including Name, Social Security Number, Date of Birth, Date of Hire, Date of Participation, Date of Termination, Address (if available), Ownership %, Relationship To Owners and Current Compensation. A Census Form is attached. (You may substitute another form, if all information is included.)
- 2) A copy of the Plan Document (or Prototype Plan with Adoption Agreement and Master Plan Document) with all Plan amendments.
- 3) A copy of the Summary Plan Description (SPD) and/or Employee Announcement Letter or Booklet.
- 4) A copy of the most recent Determination Letter from the Internal Revenue Service approving the Plan.
- 5) A copy of the last Plan Valuation, including individual participant account balances by Source (ie: Deferral, Match) and Fund.
NOTE: A Conversion Valuation for the period ending the day prior to the Conversion date MUST also be provided.
- 6) A copy of the Plan Financial Statements, including the itemized list of all Plan Assets and Liabilities, for the prior Plan Valuation.
NOTE: An itemized list of all Plan Assets and Liabilities, reconciling the Plan Assets to the Conversion Valuation, MUST also be provided.
- 7) A copy of the Prior (Last Two (2) years) Compliance Tests (*ADP/ACP, Top-Heavy, IRC 415, 410(b) & 401(a) (4) Testing*)
- 8) A copy of the Prior (Last Two (2) years) I.R.S./D.O.L. Forms 5500 Series, including schedules, and Summary Annual Report for the Plan.
- 9) A copy of all outstanding Plan Loan Amortization Schedules, including initial loan amount, effective date, payment amount, payment frequency, interest rate and current outstanding loan balance.
- 10) A list of any Self-Directed Accounts, Life Insurance, GICs or Annuity contracts that are under the Plan.
Insurance Data - (*Death Benefit Amount, Premiums, Cash Values and Dividends*).
Self Directed Accounts - (*Account Name, Account Number, Brokerage Firm, Assets Held*)


Investment Fund Information

FUND NAME	FUND FAMILY	TICKER / CUSIP	NEW	EXISTING
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

NOTES


FBA Proposal / Takeover Census

(All Current Employees)

Employer Name:							Employee Data as of:		Page #	
#	Social Security #	Last Name	First Name	Middle	Birth Date	Employment Date	Total Annualized Compensation	Code*	% Owner	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
		Certified by Employer:			Date :		* Code Explanation O - Owner / Partner / Shareholder R - Related to Owner (Specify) K - Key Employee			

FBA Proposal / Takeover Census

(All Current Employees)

Employer Name:							Employee Data as of:	Page #	
#	Social Security #	Last Name	First Name	Middle	Birth Date	Employment Date	Total Annualized Compensation	Code*	% Owner
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
	Certified by Employer:				Date :		* Code Explanation O - Owner / Partner / Shareholder R - Related to Owner (Specify) K - Key Employee		



**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**