

## GENERAL INFORMATION WORKSHEET

ALL QUESTIONS ARE REQUIRED TO BE ANSWERED AS ACCURATELY AS POSSIBLY

**GENERAL INFORMATION: Please answer completely.**

Plan Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person to be Contacted for Day-to-Day Pension Matters: \_\_\_\_\_

Confidential E-mail Address of Day-to-Day contact: \_\_\_\_\_ (required)

Does your company have any other retirement plans not administered by LAR Pensions, LLC?     Yes     No

If yes, please describe: \_\_\_\_\_

**BUSINESS STRUCTURE INFORMATION: Specify if changed during plan year.**

- |   |  |
|---|--|
| <input type="checkbox"/> C-CORPORATION<br><input type="checkbox"/> S-CORPORATION<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> NOT-FOR-PROFIT | <input type="checkbox"/> SOLE-PROPRIETOR<br><input type="checkbox"/> LLC TAXED AS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> LLP TAXED AS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership |
|---|--|

<b>List all Shareholders and Partners:</b>	% Interest	If any owner listed below owns, or is a partial owner of, other businesses, list business owned and ownership interests:	% Interest

*(attach additional pages as needed)*

<b>List all Officers (i.e. President, Vice President, Secretary)</b>	<b>Title:</b>

*(attach additional pages as needed)*

<b>List all family members of Shareholders and Partners</b> <i>(only if employed by the company)</i>	<b>Relationship</b>	<b>To Whom</b>

*(attach additional pages as needed)*



## CONTRIBUTON INFORMATION

<b>SCHEDULE OF CONTRIBUTIONS</b>
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FOR EMPLOYEES MAKING 401(k) CONTRIBUTIONS, IT IS MANDATORY THAT YOU PROVIDE INFORMATION ON CONTRIBUTIONS CREDITED TO THE 12/31/2009 YEAR THAT MAY NOT HAVE BEEN DEPOSITED UNTIL 2010 (ACCRUALS). IF YOU PREFER, YOU MAY PROVIDE THIS INFORMATION IN AN EXCEL SPREADSHEET.

Date of Contribution mm/dd/yyyy	Tax Year of Contribution	Employer Contributions Cash Investment

<b>EMPLOYER CONTRIBUTION OBJECTIVES</b>
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IF YOU WILL BE MAKING EMPLOYER CONTRIBUTIONS, AND YOUR PLAN ALLOWS DISCRETIONARY ALLOCATIONS, PLEASE PROVIDE GUIDELINES AS TO HOW WE SHOULD BE ALLOCATING YOUR EMPLOYER CONTRIBUTIONS.

Enter minimum or maximum contribution, where applicable	Minimum Contribution	Maximum Contribution	Notes
<b>Desired Contribution range:</b>	\$	\$	
Preferred Allocations (\$ or %):			
▪ Owner/Partner Class:			
▪ Spouse/Family Class:			
▪ Staff Class:			
▪ Other (specify by job title):			

Additional Notes or Comments: (i.e. specify “maximum allocation” or specific dollar amount)

TRUST HOLDINGS/ASSET TRANSACTION INFORMATION

**PLAN ASSET DETAILS**

PLEASE PROVIDE US WITH YOUR 12/31/2009 PENSION ASSET ACCOUNT BALANCES THAT YOUR PLAN HOLDS. NOTE WE MAY BE RECEIVING STATEMENTS DIRECTLY. IF YOU CHOOSE NOT TO PROVIDE US WITH ASSET STATEMENTS FROM YOUR FINANCIAL COMPANY, THIS WORKSHEET MUST BE COMPLETED:

CHECK HERE IF YOU HAVE INCLUDED ASSET STATEMENTS (If this box is checked you DO NOT need to complete the rest of page 7.)

	<b>PLAN Assets</b>	<b>Beginning of Plan Year 1/1/2009</b>	<b>End of Plan Year 12/31/2009</b>
<b>1.</b>	<b>CASH (i.e. Checking, Savings, CD's)</b>		
<b>2.</b>	<b>INVESTMENTS (List by provider, i.e. Schwab, Fidelity)</b>		
	a)		
	b)		
	c)		
<b>3.</b>	<b>PARTICIPANT LOANS (TOTAL) (List individually on page 10)</b>		
<b>4.</b>	<b>CASH VALUE OF INSURANCE (TOTAL) (List individually on page 8)</b>		
<b>5.</b>	<b>OTHER ASSETS (List separately)</b>		
	a)		
	b)		
	c)		
<b>6.</b>	<b>TOTAL ASSETS (1+2+3+4+5)</b>		
<b>7.</b>	<b>LIABILITIES (i.e. expenses) (List separately)</b>		
	a)		
	b)		
	c)		
<b>8.</b>	<b>TOTAL LIABILITIES</b>		
<b>9.</b>	<b>NET ASSETS (6 – 8)</b>		





## 5500 QUESTIONNAIRE

<b>INFORMATION REQUIRED FOR 5500 TAX FORMS AND ANNUAL VALUATION</b>
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**If this is your first year with LAR Pensions, LLC, you must attach copies of the 5500 forms filed for prior plan years by the prior Third Party Administrators.**

<b>1. <u>GENERAL INFORMATION:</u></b> a) Employer Identification Number: b) Fiscal Year End: c) Six-digit Business Code number found on Employer's tax return ( <b>REQUIRED</b> ):	
<b>2. <u>PARTICIPANT LOANS:</u></b> Are there outstanding loans made from the Plan to participants, active and/or terminated? If yes, list the value of each participant's loan:  a) _____ b) _____ c) _____ d) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. <u>OTHER LOANS:</u></b> Are there any outstanding loans made from the Plan, other than loans made to participants? If yes, list creditor, amount, maturity date and interest rate paid:  a) _____ b) _____ c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. <u>FIDELITY BOND:</u></b> Please indicate Insurance Company and Amount of Fidelity Bond <b><i>AS REQUIRED BY THE DEPARTMENT OF LABOR:</i></b> <b>The typical bond is 10% of the Plan Assets at year end</b>	<b>Company:</b>  <b>Amount:</b>
<b>5. <u>LATE DEPOSITS:</u></b> Did the employer fail to transmit to the Plan any participant Contributions within the time period described by the Department of Labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Amount:</b>

(Continued on page 11)

5500 QUESTIONNAIRE (Continued)

<p><b>For questions 6 through 10, a person is considered to be a plan fiduciary if he or she has discretionary authority with respect to the management or administration of the disposition of plan assets. Note: LAR Pensions, LLC is <u>not</u> a fiduciary of your plan.</b></p>	
<p>6. Has any fiduciary borrowed from the Trust? If yes, how much?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No Amount: \$</p>
<p>7. Has any fiduciary received compensation from the Trust? If so, how much?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No Amount: \$</p>
<p>8. Were there any losses, whether reimbursed or not, discovered by the plan? If so, how much?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No Amount: \$</p>
<p>9. Did the fiduciary invest in any assets (e.g., limited partnerships) that are not readily appraised on an established market? <b>Please list asset and value.</b></p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>10. Has the fiduciary invested in any tangible personal property? <b>Please list.</b></p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**I certify that the information provided is correct to the best of my knowledge:**

\_\_\_\_\_  
Signature of Plan Administrator / Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer, if other than Plan Administrator / Trustee

\_\_\_\_\_  
Date