



ANNUAL PLAN ADMINISTRATION QUESTIONNAIRE FOR 2020 PLAN YEAR

Please answer this questionnaire as completely as you are able. If you are unsure of an answer, either skip or make your best attempt; we will contact you with any questions.

COMPANY NAME: _____

COMPANY INFORMATION

What is your business entity type? Select one below:

- C-corporation
- S-corporation
- Limited Liability Company/Partnership – Taxed as:

Circle One: S-corporation Partnership Schedule C/Sole Proprietor
- Sole Proprietor
- Not-for-profit
- Other: _____

Did your business entity type change in 2020? Yes / No (Circle)

If so, please indicate what entity type your business changed from. _____

What is your company's:

Please complete all fields so we may verify our database.

Address: _____

Phone Number: _____

EIN: _____

Trust EIN (if applicable): _____

Business Code: _____

This is a six digit industry-specific code that can be found on your business tax return. You can also refer to this link for a list of codes arranged by business activity.

Payroll Frequency: _____

(weekly, bi-weekly, semi-monthly, etc.)

What was the first payroll date for 2020?

OWNERSHIP INFORMATION

List owners of the company, including percentage owned, at any time in 2020.

OWNER NAME	% OWNERSHIP
_____	_____
_____	_____
_____	_____



_____	_____
_____	_____
_____	_____

Does your company sponsor other retirement plans not administered by JM Pension? Yes / No (Circle)

If yes, we will be contacting you for additional information (we may need data to confirm limits are not exceeded).

Does any owner above (or the spouse/parent/child/grandparent/grandchild of any of the above) have ownership in any other company? Yes / No (Circle)

If yes, we will be contacting you for additional information.

OWNER NAME	OTHER COMPANY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any employee who was a family relative to an owner of the company during the plan year:

EMPLOYEE NAME	FAMILY MEMBER NAME	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any employee who was an officer of the company during the plan year:

EMPLOYEE NAME	TITLE
_____	_____
_____	_____
_____	_____



EMPLOYEE INFORMATION

Has any employee's name changed? Yes / No (Circle)

Please provide the participant's former and new name: _____

Was any employee on military or maternity leave in 2020? Yes / No (Circle)

Please provide the participant's name: _____

Do you expect any significant changes to your employee population in the coming plan year? Yes / No (Circle)

If so, please explain. _____

CONTRIBUTION INFORMATION

If your Company is making a profit-sharing contribution for the plan year, what is the amount?

- Dollar amount to allocate _____
- Percentage of compensation _____
- JM Pension to calculate

Has the Company made, or does it plan to make, a matching contribution for the plan year? Yes / No (Circle)

If yes, indicate the match formula used: _____% up to _____% of pay

Is the match deposited each pay period, quarterly or at year end? _____

If you sponsor a 401(k) or 403(b) Plan, please complete:

Please provide the date and dollar amount of the final payroll withholdings for 2020 deposited to plan/participant accounts:

If participant contributions are made to the plan (through salary deferral or loan repayment), were they deposited in accordance with Dept. of Labor standards? Yes / No (Circle)

If not, indicate the payroll date(s) of any late deposits. _____

DOL's safe harbor for timely deposit of participant contributions in a small plan is no later than 7 business days after the deduction from payroll occurred. A small plan is defined based on number of participants. If number of participants is 100 or less, it is a small plan.

FIDELITY BOND COVERAGE

Department of Labor regulations require all plan fiduciaries and any person who handles plan funds to be covered by an insurance policy called a Fidelity Bond. The amount of the bond must not be less than 10% of plan assets, with a minimum coverage amount of \$1,000 and a maximum coverage amount of \$500,000.

Is your Plan covered by a Fidelity Bond? _____

Provide the dollar amount of your current coverage: \$ _____



PLAN ASSETS

Please list all Financial Institutions that held plan assets/participant accounts during the plan year:

Did the Plan hold any assets during the plan year whose current value was not determined in an established market (i.e., limited partnerships, real estate)? Yes / No (Circle)

If yes, describe the assets and indicate if an independent appraiser valued the asset:

Was there any loss to the Plan caused by fraud or dishonesty during the Plan Year? Yes / No (Circle)

If yes, describe: _____

ADDITIONAL NOTES/COMMENTS

CERTIFICATION

The information provided above is complete and accurate to the best of my knowledge. I understand that JM Pension will rely on the responses to assist us in the administration of the plan and the compliance of IRS & DOL regulations.

Signature: _____

Print Name: _____

Phone: _____

Email: _____

Date: _____