

WE STRONGLY ENCOURAGE CLIENTS & ADVISORS TO CONTACT US FOR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE. PLEASE CALL (800) 634-3287 AND SPEAK TO A NEW BUSINESS CONSULTANT.

PLAN SPONSOR INFORMATION

Sponsor's Name:	State of Incorporation:	
Address:	Taxpayer ID Number:	
City: State: Zip:	Fiscal Year End:	_ Tax Year End:
Authorized Officer Name:	Ticker Symbol (if applicable):	
Authorized Officer Title:	Total Number of Employees:	
Authorized Officer Phone #: ()	Status: 🗆 Private 🗖 Private (C	Dwned by Public Co.) 🛛 Public
Authorized Officer Email:	Board: 🗆 Yes 🗆 No	Holding Co: 🗆 Yes 🗆 No
Does the Sponsor and/or Affiliate currently maintain other nonqualifi	ed defined contribution plan(s)?	🗆 Yes 🗆 No
Has the Sponsor and/or Affiliate terminated a nonqualified defined c	ontribution plan(s) within the las	t 3 years? 🛛 Yes 🗆 No

ACCOUNTING, TAX, & LEGAL INFORMATION

Business Form:	🗆 Regular C-Co	orporation	□ Limited	d Liability Com	npany	□ Tax-Exempt (for IRC Section 457(f) "ineligible" plans or	nly)
	□ Subchapter S	S-Corporation	🗆 Partnei	rship		□ Other:	
Accounting:	🗆 Cash Basis	□ Modified C	Cash Basis	□ Accrual-B	asis	If C-Corp Selected: Marginal Tax Bracket	_%
Plan Administra	ator: 🗆 Board 🗆	Committee 🛛	Other:		Financ	cial Statements: 🗆 Audited 🗆 Reviewed 🗆 Comp	oiled
Financial Advis	or Contact Name	::			Financ	cial Advisor's Company:	
Financial Advis	or Email:				Financ	cial Advisor Phone: () Ext	
Financial Advis	or Assistant Cont	act Name:			Assista	ant's Email:	
Auditor/CPA C	ontact Name:				Audito	or/CPA Firm:	
Auditor/CPA E	mail:				Audito	or/CPA Phone: () Ext	
Legal Advisor (Contact Name:				Legal A	Advisor Firm Name:	
Legal Advisor E	Email:				Legal A	Advisor Phone: () Ext	

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AFFILIATE COMPANIES

List below any affiliated companies that will or may become a party to this plan. An affiliate is any corporation, partnership, joint venture, association, or similar organization or entity, other than the Plan Sponsor, that is a member of a controlled group of corporations in which the corporation is a member, as defined in Section 414(b) of the Code and all other trade or business (whether or not incorporated) under common control of or with the Plan Sponsor, as defined in Section 414(c) of the Code.

ENTITY NAME	BUSINESS FORM	OWNERSHIP	FISCAL YEAR END	ADOPTING COMPANY (Y/N)

ELIGIBLE GROUP & EFFECTIVE DATES

Number of Eligible Individuals: ____

Anticipated Plan Effective Date:_____

(Complete Census Worksheet)

The Plan Sponsor establishes this plan for the benefit of: (Choose either or both of the following)

Selected Key Employees. An unfunded nonqualified plan maintained primarily for the purpose of providing deferred compensation for a "select group of management or highly compensated employees," a "top-hat plan," exempt from Parts 2, 3, and 4 of Title I of ERISA.

Are selected Key Employees under an employment agreement: Yes No (If yes, please provide a copy of the current agreement.)

□ Independent Contractors. A plan maintained solely for independent contractors or self-employed individuals (outside directors of a corporation, partners in a partnership, sole proprietors, non-employees) and exempt from Title I of ERISA.

PARTICIPANT VOLUNTARY DEFERRALS

Participant Voluntary Deferrals ARE NOT permitted

Participant Voluntary Deferrals ARE permitted (Complete the table below indicating types of compensation allowed for deferral. You may establish minimum and maximums for each type of compensation deferral. Please discuss with the consultant.)

COMPENSATION ELIGIBLE FOR DEFERRAL
Base Salary
Bonus
Commission
Independent Contractor Compensation
Director Fees
Other (PLEASE DESCRIBE):



PLAN SPONSOR CONTRIBUTIONS

MATCHING CONTRIBUTIONS: (choose only one)

- Not Permitted
- □ Permitted

D

Please describe anticipated method for determining matching contributions:

Anticipated Da	te of Initial Contribution:	Frequency of Contributions:			
☐ Fully Ve	tching Contributions: (choose <u>only on</u> ested (100%) at all times				
	sting in year/age (e.g., 0% for 5 I Vesting% over years (e				
	nined on an individual basis (Please atta				
Basis for Vestir	g: 🛛 Years of Plan Participation	□ Years of Service			
	□ Age	Combination of Age plus Years of Service/Participation			
Not PermitPermitted		ng discretionary contributions:			
Anticipated Da	te of Initial Contribution:	Frequency of Contributions:			
	cretionary Contributions: (choose <u>onl</u> ested (100%) at all times	<u>y one</u>)			
	sting in year/age (e.g., 0% for 5	-			
	Determined on an individual basis (Please attach and discuss with Consultant)				
Determ	nined annually in writing by the Plan Sp	onsor no later than the year before contributions are credited			
Basis for Vestin	g: □ Years of Plan Participation □ Age	□ Years of Service □ Combination of Age plus Years of Service/Participation			

Each plan year contribution vests separately based on the selection above ("Class Year Vesting")

Please check if applicable:



ACCELERATED VESTING FOR PLAN SPONSOR CONTRIBUTIONS: Vesting of a Participant's Plan Sponsor Matching and/or Discretionary Contribution Accounts shall be accelerated based on the following guidelines: (Check all that apply and indicate the accelerated percentage.)

SPECIFIED EVENT	% VESTED	SPECIFIED EVENT	% VESTED	SPECIFIED EVENT	% VESTED
Death	%	Disability	%	Attain a Specified Date/Age of ()	%
Change in Control	%	Complete () years of service	%	Complete () years of participation	%

PLAN VALUATION

Participant Account(s) will be credited or debited with returns based on the following: (choose only one)

- DEEMED Investment Results Gains/losses are based on selected Carrier VUL sub-account unit values or publicly traded mutual fund share prices to be used only as a measurement index and not associated with an actual investment. Under this method, Plan Sponsor assumes risk for charges, expenses, fees, etc. associated with funding vehicle. Select the deemed investment option that will be used: (choose only one)
 - □ Subaccounts □ Mirror 401(k) Funds
 - Mutual Funds
 Other: _____

Participant directs the Deemed Investment Options for his/her account(s)

- **Plan Sponsor directs** the Deemed Investment Options for Participant's account(s)
- Declared Interest Rate/Index (choose <u>only one</u>)
 - **Fixed Interest.** Interest at the rate of _____% per annum compounded daily on all Participant Account(s).
 - Discretionary Interest. Describe timing and anticipated formula:
- Other (specify):

PAYMENT EVENTS

Check ALL events that will trigger payment under the Plan, and specify the form(s) of distribution allowed or available for participant election.

PAYMENT EVENT	FORM OF PAYMENT (ANNUALLY IS RECOMMENDED FOR INSTALLMENTS)	DURATION OF PAYMENT	PARTICIPANT CAN ELECT?
Separation from Service	Lump Sum 🛛 Monthly 🗍 Quarterly 🗆 Annually	Years	□ Yes
Death	Lump Sum 🛛 Monthly 🗍 Quarterly 🗆 Annually	Years	□ Yes
Disability	Lump Sum 🛛 Monthly 🗍 Quarterly 🗆 Annually	Years	□ Yes
Change in Control	Lump Sum 🛛 Monthly 🗍 Quarterly 🗆 Annually	Years	□ Yes



SCHEDULED PAYMENTS

Participants can elect a Specified Time to receive distributions of Voluntary Deferral Amounts. These payments are typically referred to as "scheduled withdrawals" or "in-service distributions." Complete each section below to indicate your in-service distribution preferences:

NOTE: We strongly encourage that only voluntary deferrals are paid at a Specified Time and that Plan Sponsor contributions are paid upon the earlier of the plan payment events.

IN-SERVICE DISTRIBUTIONS: (choose <u>only one</u>)

- Not Permitted
- **Permitted**. Please complete the specifications below.

SPECIFICATIONS	PLAN SPONSOR REQUIREMENTS
Maximum Number of Scheduled Withdrawal Accounts Allowed. <u>NOTE</u> : If your Plan utilizes "Class Year Vesting," Participants must elect only one Specified Time per year.	
Earliest month following the contribution year that Participants can choose to receive payment (e.g., January of the 5 th year; July of the 3 rd year)	

OTHER PAYMENT CONSIDERATIONS

UNFORESEEABLE EMERGENCY DISTRIBUTIONS: (choose only one)

- Not Permitted
- Permitted

SUBSEQUENT CHANGES TO TIME AND FORM OF PAYMENT. If participants are allowed to elect the time and/or form of payment

- for an event, indicate below whether or not the participants can elect to change the time or form of payment (i.e., "redefer"):
 - □ Participants **ARE permitted** to make changes to their payment elections in accordance with IRS rules.
 - Participants **ARE NOT permitted** to make changes to their payment elections in accordance with IRS rules.

MINIMIUM THRESHOLD. If installment payments are allowed, you may choose a dollar threshold that will require a lump sum distribution if the Participant's balance is equal to or less than the threshold as of the valuation date of the initial installment.

- Not Permitted
- Permitted. The threshold will be \$_____. (Choose an amount greater than the 402(g)(1)(B) limit; \$18,500 for 2018)

DEFINITION OF PLAN DEATH BENEFIT(S):

- □ Named Beneficiary receives Vested Account Balance (strongly recommended)
- □ Named Beneficiary receives stated dollar amount (specified amount or formula) (define:_____)
- □ Named Beneficiary receives Vested Account Balance PLUS stated dollar amount (define: _____
- □ No Death Benefit under this Plan it will be provided under a separate endorsement split dollar or death benefit only arrangement (*Please provide details below*)



If Endorsement Split Dollar or DBO is used, please complete the following:

Plan Type: D Pre-Retirement Only

□ Post-Retirement Only

Both Pre- and Post-Retirement

Employer portion of the Death Benefit: Employee portion of the Death Benefit: Employer portion of the Premium: Employee portion of the Premium:

TREATMENT OF REMAINING INSTALLMENTS AFTER DEATH:

- □ Continue remaining installment payments (if any) to named Beneficiaries
- Commute remaining installment payments (if any) and pay Beneficiaries a lump sum

INFORMAL FUNDING

Select t	he type of informal funding for the plan:	
	Corporate / Bank Owned Life Insurance	
	Name of Carrier(s):	
	Product Name:	Product Type: (i.e., VUL, UL, WL, etc.)
	Underwriting Status:	Anticipated Issue Date of Policies:
	Funding Strategy: 🛛 <i>Aggregate</i> (pool of liabilities matched to pool o	f assets) \Box Individual (one policy for each participant)
	Mutual Funds	
	No Informal Funding	
	Other:	

SECURING THE BENEFIT

Indicate below the type of security for the benefit obligations.

- □ None
- Rabbi Trust an irrevocable trust used to hold assets of any type that the trustee is willing to hold and that are intended to pay benefits under a top-hat plan. Assets held in a Rabbi Trust must remain subject to the claims of the Plan Sponsor's creditors in the event of the Plan Sponsor's insolvency or bankruptcy. Trustee:
- **Other:** (please describe)

COMMENTS/ADDITIONAL INFORMATION:

The information provided above will be used to create a sample nonqualified deferred compensation plan document and supporting forms which will be provided to you and your legal counsel to assist in drafting the plan agreement. As a convenience to you, and at your request, we will prepare final documents incorporating any comments, corrections, or additions you and your advisor(s) feel are appropriate.