AMI Benefit Plan Administrators Inc.
"A Fiduciary Plan Administrator"

NON-DISCRIMINATION TESTING QUESTIONNAIRE – 2016 PLAN YEAR

Please complete the questionnaire below and provide information where requested. This data will allow us to conduct all required non-discrimination testing that applies to your plan, and to file Form 5500. Please review data already entered and make corrections as needed.

Company Name:

Plan Name:

Address:

Phone Number: **Fax Number:**

Employer ID: **Business Activity Code:**

Plan Trustee: **Plan No:**

Plan Administrative Contact:

Email Contact:

Trustee Email:

Entity Type: **Fiscal Year End:**

1. Total number of employees of the employer as of: **12/31/16** _____
   (Please include part time, seasonal, leased, self-employed, and collectively bargained employees.)

2. Did the company receive services of leased or union employees during the plan year? ☐ Yes ☐ No

3. Has your business changed in the past 12 months? (ie: sold, merged, acquired) ☐ Yes ☐ No
   (If yes, please provide names of entities, date of merger, sale or acquisition, and any other details related to change.)
   _____
   _____
   _____

4. Has your business changed its entity classification (corporation, partnership, etc…) in the past 12 months? ☐ Yes ☐ No
   (If yes, please provide date and type of change.)
   _____
   _____
   _____

5. Does your company have a Section 125 (Cafeteria) Plan? ☐ Yes ☐ No
   (If yes, please list each employee's total deduction for the plan year on the attached census sheet. A listing of each employee's deduction is also acceptable.)

6. Will your company be filing an extension to the company's tax return? ☐ Yes ☐ No

Prepared By:_____ **Title**:_____ **Date**:_____

7. If your plan is a large plan that requires an audit, is your company retaining the same independent firm to conduct your plan audit? ☐ Yes ☐ No

   (If no, please provide the name, address, phone number, and contact person if available of your new independent auditing firm)

   _____
   _____
   _____
   _____
   _____

8. Do you maintain any other qualified retirement plans? ☐ Yes ☐ No

   (If yes, please indicate name and type of plan(s))

   _____
   _____
   _____
   _____

9. Controlled Group: If the company or its principals also own other businesses, please indicate ownership percentage, relationship and number of employees below. Or, indicate below if there are no changes from last year.

Owner - this Company	Other Company Owned	% Owned - Other Company	# of Employees

10. Please provide a list of employees who were on maternity/paternity leave, plus disabled, deceased or retired employees during the plan year.

Participant	Maternity / Paternity	Disabled	Deceased	Retired
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

11. Please provide a list of employees who were activated for military service.

Participant	SSN	Date Activated	Date Returned

Prepared By:_____ **Title**:_____ **Date**:_____

12. Please provide a list of employees who received severance pay and/or 3rd party sick pay as part of their W-2 or other income.

Participant	SSN	Severance	3rd Party Sick Pay	Amount of Severance / 3rd Party Sick Pay
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

13. Amount of Fidelity Bond **(see enclosed notice)**: _____

14. Please provide the name of the policy carrier for your Fidelity Bond.

_____

15. 2016 Matching Formula: _____% up to _____%

16. Has your matching formula changed at any time during the plan year? ☐ Yes ☐ No

(If yes, please indicate new formula and effective date of change.)

_____
_____
_____
_____

17. Will your company be making a discretionary profit sharing or year-end matching contribution for the 2016 plan year? ☐ Yes ☐ No

(If yes, please indicate the projected date for this contribution and the projected percentage or dollar amount.)

_____
_____
_____
_____

18. Please provide the name of your payroll provider and payroll frequency.

_____

Please note: Employer contributions are deductible if funds are deposited on or before the due date of your business tax return including extensions.

Notes to AMI:

_____
_____
_____
_____
_____
_____

Prepared By:_____ **Title**:_____ **Date**:_____