

Qualified EMPLOYEE DATA WORKSHEET

Retirement Plan

This worksheet is used to gather information regarding the owner(s) and any eligible employees of a business to assist in qualified retirement plan administration. This form should be completed by the employer and forwarded to the individual or organization handling administration and reporting (recordkeeper).

NOTE: If your financial organization uses BISYS recordkeeping services, send a copy of this form to BISYS.

NAME OF EMPLOYER (BUSINESS) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____
(If business type is not indicated, corporation will be assumed.)

DATE _____ WORKSHEET COMPLETED BY _____

FOR A BUSINESS WITH MORE THAN ONE ELIGIBLE EMPLOYEE (including the owner(s)) COMPLETE THE INFORMATION BELOW FOR EACH ELIGIBLE EMPLOYEE, INCLUDING THE OWNER(S) OF THE BUSINESS.

A "Highly Compensated Employee" is any employee who

1. is a five percent owner at any time during the current year or the preceeding year, or
2. during the preceding year received compensation in excess of \$80,000 (as adjusted for cost of living increases) and, if elected by the employer, is a member of the top twenty percent of employees (not counting excludable employees) when ranked based on compensation.

NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____
_____ DATE OF HIRE _____ % OF BUSINESS OWNERSHIP _____

NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____
_____ DATE OF HIRE _____ % OF BUSINESS OWNERSHIP _____

NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____
_____ DATE OF HIRE _____ % OF BUSINESS OWNERSHIP _____

NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____
_____ DATE OF HIRE _____ % OF BUSINESS OWNERSHIP _____

NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
ADDRESS _____ DATE OF BIRTH _____ MARITAL STATUS _____
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NAME _____ S.S.N. _____ HIGH COMP. EMPLOYEE Yes No
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