

Lucien, Stirling & Gray Advisory Group, Inc.
Qualified Plan/Executive Benefit Plan
Preliminary Questionnaire

Company Name: _____

Street Address: _____

City, St., Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Nature of Business: _____

Structure: _____

(Corp./S-Corp./Partnership/S.P./Non-Profit)

End of Fiscal Year(m/d): _____

Total Number of Employees: _____

Number of Employees w/5% Control: _____

List Existing Plans: _____

Provide Census if Available:

- SSN
- Name
- Birthdate
- Hire Date
- Est. Annual Earnings
- Indicate if less than 1,000 hours/year
- Indicate Percentage of Shares Held (Corporations).
- Indicate Officers (Corporations).
- Indicate General Partners w/Percentage (Partnerships)
- Location Code (if more than one location, please provide directory).

For Existing Plans:

- Current Deposit Percentage(per employee).
- List Investments used in Plan.
- Total Plan Assets
- Census from most recent test.
- Design Summary, or Plan Document, or Summary Plan Description.