



ERA Admin Fact Finder

Employer Contact Info:

Employer Legal Name:

Business Address:

City:

State:

Zip Code:

Company Phone:

Primary Contact Name (decision maker/trustee):

Primary Contact E-mail:

Direct Phone line:

Secondary or day to day contact:

Secondary Contact Email:

Owners and Officers:

Owner Name:

Ownership percentage:

Officer of the company? Yes

No

Title:

Owner Name:

Ownership percentage:

Officer of the Company? Yes

No

Title:

Additional Owners/Officers Names and Ownership Percentages:

List any employees related to any owners and the familial relationship:

Owner's Spouse have ownership in any other businesses?

Yes

No

If the above is "yes", please describe:

Is the employer a member of a Controlled Group? (Does any owner in this Company own of 80% of another entity?)

Yes

No

If Yes, please describe:

Is the Employer a member of an affiliated service group (any S-Corp of an owner used exclusively for the purpose of providing services to this Company adopting the plan?)

Yes

No

If "yes", please describe:

If in the entertainment industry, is client a member of DGA, Guild, SAG, AFTRA Union plans?

Entity Information:

Entity type

Please select one from drop down

Date of incorporation:

State in which company is incorporated:

Business EIN:

6-digit IRS business code:

Fiscal Year end:

Nature of profession or business?

Does the employer have a non-profit status?

Yes

No

Payroll frequency: list as check box the following options

weekly

bi-weekly

semi monthly

monthly

Payroll provider:

Does employer utilize leased employees? (do you hire temp employees with a staffing firm?)

Yes

No

Do you use a Professional Employer Organization for your employee benefits and payroll?

Yes

No

Union employees subject to collective bargaining?

Yes

No

Employees residing in Puerto Rico earning compensation not reported on form W-2?

Yes

No

Are any employees that are eligible to participate in the plan receiving W-2 wages from any related employer not electing to co-sponsor the plan?

Yes

No

CPA Contact Info:

Business name:

Contact name:

Phone number:

Email:

Business address: City: State: Zip Code:

Should CPA have full access to plan data? Census data, plan info, company data information, loans & distributions.

Or limited? Secure emails documents and forms.

Employer's Financial Advisor:

Contact Name:

Firm name:

Phone number:

Email:

Business address:

City:

State:

Zip Code:

Should advisor have full access to plan info? Census data, loans, distributions, documents, forms employer questionnaire info.

or limited access? Documents, forms and emails

Will any other employer or employers be adopting the plan?

Has the employer ever sponsored another retirement plan that has terminated?

Yes

No

If so what type of plan or plans?

Are there any existing plans in place?

Yes

No

If so what type?

SEP,

Simple IRA

401k

Profit sharing plan

Defined benefit

Cash Balance

403(b)

If existing plans where are the assets held?

Brokerage accounts

Recordkeeper

If recordkeeper which one?

Who was the prior TPA? Name and contact info.

If the plan is pooled or using SDBA's (Self Directed Brokerage Accounts) What paying agent will you be using?

Pen checks

Millennium Trust

Has the employer issued any company stock options or does any individual have the option to purchase company stock?

Yes

No

Loans

Distributions

Who will pay for loan fees?

Participant,

employer

deduct from plan assets (for pooled accounts)

How will ERA admin's annual admin fees be paid?

Employer will pay

Deduct from the plan's assets- need approval from ERA Admin for this option.

I certify the above information is correct and complete.

Authorized signer:

Title:

Date:

Signature: _____