

Initial Request for Plan Sponsor Information

A. GENERAL INFORMATION (CONT)

2. Accountant:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

3. Administrator:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

4. Financial Advisor

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

5. Trustee

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

6. Other Service Provider (Please Specify): _____

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

B. REQUEST FOR CENSUS INFORMATION *(Please be sure to be as detailed as possible)*

Employee's Name	Date of Employment MM/DD/YY	Date of Birth MM/DD/YY	Annual Compensation	Total Hours Worked Per Year	Job Title/ Group Classification *	Owner% *	Indicate any Family Relation to Another Employee	Normal, Union or Leased Employee (N, U, or L)
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* DBC will most likely use the completed census information to review how well a new comparability plan will work for the Employer. A new comparability plan allocates an equal contribution as a percentage of compensation to all employees of the same group. An example of a typical new comparability allocation is: 1) Owners - 20% 2) Manager -10% 3) All Other Employees - 5%. Please take into consideration the fact that DBC will be using the Job Title/Group Classification and Owner% columns to determine appropriate group titles for the Employer.

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