

DATE

FIRSTNAME MIDDLE LASTNAME
CORPORATION
ADDR1
ADDR2
CITY STATE ZIP

Re: PLANNAME

Dear PREFIX LASTNAME:

We are currently in the process of completing your plan's year-end compliance testing. In order to accurately prepare the year-end compliance testing, we have gathered all the necessary **payroll and census data** compiled throughout the plan year.

Enclosed you will find three items:

- 1) **ANNUAL QUESTIONNAIRE** The Questionnaire is used to prepare your year-end testing data, and also your plans year-end 5500 tax filing form. Please take the time to carefully complete this questionnaire. Unintentional omitted answers or incorrectly provided answers, could negatively impact the accurate filing of the form 5500, and preparing of the nondiscrimination testing.
- 2) **CENSUS REPORT** The Census Report contains the employee indicative data (name, social security number, reported compensation, hire & termination dates, and year-to-date hours worked, etc.). Please review this information to ensure the reported compensation equals the eligible compensation for every employee.

NOTE: We also appreciate your assistance in providing all employees (**eligible, ineligible**) not included on the census report provided to you. For any changes or additions to the census report, we have provided you with a diskette (preferably), and or a census form. Please only utilize one or the other for corrections.

- 3) **CENSUS AUTHORIZATION FORM** After you have thoroughly completed the Annual Questionnaire and Census Report, please take a moment to sign and date the Census Authorization Form. We utilize this form, to verify that either the census information we have provided is accurate, or that you have made changes, and it is now complete.

Once we have received the signed and completed forms (**Census Report, Census Authorization, and Annual Questionnaire**) an accurate nondiscrimination test, and 5500 tax filing form can be generated. Year End package must be returned to our office no later than **February 10th, 2006** for timely and accurate processing of any applicable distributions. If all approved information is not received by the above date, **Benefit Consultants Group will not be responsible for the 10% excise tax due to excess distributions processed after March 15, 2006.**

If you have any questions, please feel free to contact me directly, at 1-800-524-4015 Ext. RPSEXT

Sincerely,

RPSNAME RPSCREDENTIALS
Retirement Plan Specialist

Annual Questionnaire

Failure to fully complete and return this questionnaire could cause your Annual Report (Form 5500) to be subject to further examination by the Internal Revenue Service and/or Department of Labor

Plan Name – PLANNAME
Year End - VARPRINTDATE

1. Surety/Fidelity Bonding:

Amount of Bond: \$_____ Effective Date: ___/___/___ Expiration Date: ___/___/___

If your plan does not have a Surety/Fidelity bond, please contact your property or casualty insurance agent. If you have further questions, please contact your Retirement Plan Specialist.

2. Contributions:

(401(k) Plans Only) Have all employee deferrals been contributed to the plan as soon as they could reasonably be segregated from your general assets and no later than the 15th business day following the month the deferrals were withheld from the employee's compensation?

___ YES ___ NO

3. * Are you making a post year-end discretionary match contribution?

___ YES ___ NO

a.) If you are, please indicate either the amount or formula: _____

4. * Are you making a post year-end profit sharing contribution for this year?

___ YES ___ NO

a.) If you are, please indicate either the amount or formula: _____

b.) Would you like for us to determine the maximum amount ___ YES ___ NO

c.) Would you like for us to allocate the contribution? ___ YES ___ NO

5. If your plan is intended to be a Safe Harbor plan for 2005, did you give the required Safe Harbor notice to your employees no later than December 1, 2004?

___ N/A ___ YES ___ NO

6. Other plans:

Have you established any other Qualified plans or SEP plans this year, or have you contributed to a SEP plan in the past 5 years? ___ YES ___ NO

* These contributions affect the non-discrimination testing.

7. Company information:

Please list all stockholders and owners with their percentage of stock or business interest owned

Owner's Name	Percentage Owned	Owner's Name	Percentage* Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***If additional space is required please attach a separate sheet of paper.**

a.) Please list all employed family members and their relationship to the stockholders and owners who are employed at this company.

Owners/stockholders	Family Member	Relationship**
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** If additional space is required please attach a separate sheet of paper.**

b) Please list all officers and titles

Officer	Title***
_____	_____
_____	_____
_____	_____

***** If additional space is required please attach a separate sheet of paper.**

c) Was there a sale or purchase of all or part of another company or this company this year? ___ YES ___ NO

If yes, please explain _____

d) Was there a change in the ownership structure or tax classification of the company during this year?

If so, please describe _____

8. Insurance:

If you have insurance as an asset of your plan, please attach the Schedule A provided by the insurance company for those policies.

9. As Plan Sponsor/Administrator

of this Plan, I have reviewed the information contained herein, including the Census.

_____ Dated _____

Plan Sponsor/Administrator

Authorization Letter

Plan Name – PLANNAME

I have reviewed the attached census and questionnaire. I certify that all information is correct to the best of my knowledge and any necessary corrections have been made.

I authorize Benefit Consultants Group to process excess contributions for the plan year ending December 31, 2005 in an amount no greater than the amount on the appropriate non-discrimination test, if applicable.

Dated

Plan Administrator

Year End Package Checklist

The checklist below has been provided to ensure the Year End Package has been completed in its entirety and the requested data is returned.

- ANNUAL QUESTIONNAIRE
 - Complete with all questions answered and signed.

- CENSUS REPORT
 - Reviewed, confirmed, and revised (if necessary).
 - * *Please only return the enclosed disk (preferred) or the hard copy.*

- CENSUS AUTHORIZATION FORM
 - Signed.