QUALIFIED PENSION CONSULTING INC. NONQUALIFIED DEFERRED COMPENSATION PLAN

	10. Does the plan have a Rabbi Trust?
	☐ Yes (complete A.)
1. Name of Plan Sponsor	□ No (<i>skip to #11</i>)
2. Street Address	A. Name of Individual Trustee
	Name of Individual Trustee
3. City, State, ZIP Code	11. What are the plan year, anniversary date and plan number?
4. Tel Fax	A. 12-month Plan Year Begins Ends
5. Tax ID Number	If the plan is new, is the first plan year a short plan year'
6. 12-month Fiscal Year Begins Ends	☐ No ☐ Yes, beginning
If the plan is new, is the first fiscal year a short fiscal year?	B. Anniversary Date C. Plan Number
□ No □ Yes, beginning	12. Which events will constitute a Distributable Event?
7. What type of business entity is the employer?	☐ The participant's death
☐ Corporation (see #A) ☐ Tax Exempt Organization	☐ Disability
☐ Partnership ☐ Limited Liability Company	☐ A change in control with respect to the Employer
□ Sole Proprietor □ Limited Liability Partnership	☐ Insolvency of the Employer
☐ A Public Educational Institution	☐ Termination of employment
☐ An Agency of State or Local Government	☐ Early retirement date
A. If business is a corporation, is it publicly traded?	☐ Normal retirement date
☐ Yes	$\hfill \square$ A specified time or pursuant to a fixed schedule
□ No (skip to #9)	☐ Unforeseeable emergency
8. Is the plan new or amended?	13. Is 5 year rule waived for periods before December 31, 2007?
□ New - Effective Date	☐ Yes
☐ Amended (complete A. and B. below)	□ No
A. Amendment Effective Date	14. Does the plan provide for Directed Investment Accounts?
B. Original Effective Date	☐ Yes
9. What is the name of the plan?	□ No
A. Part 1 of the plan name	15. Does the plan have an early retirement age?
☐ Name of employer	☐ Yes (complete A. through C.)
□ Other	□ No (skip to #15)
B. Part 2 of the plan name	A. What is the age requirement?
☐ Non-Qualified Deferred Compensation Plan	□ 55 □ 59½ □ 60
☐ Deferred Compensation Plan	☐ 62 ☐ Other
☐ Supplemental Executive Retirement Plan	B. What is the service requirement?
☐ Executive Supplemental Retirement Plan	☐ None ☐ 5 Years ☐ 10 Years
□ Other	☐ 15 Years ☐ 20 Years ☐ Other

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16. Should the plan provide that a voluntary separation from service will be treated as an involuntary separation from service f any of these conditions are met within a pre-determined time		D. What is the form of payment?
		☐ Lump sum
rame:	Material and other in Franks and have a supposed in	☐ Monthly installment payment paid over 10 years (Total of
	Material reduction in Employee's base compensation	120 installment payments)
	Material reduction in Employee's authority, duties or responsibilities	☐ Monthly installment payment paid over 15 years (Total of 180 installment payments)
	Material reduction in the authority, duties or responsibilities	☐ Joint and 50% Survivor Annuity
_	of Employee's supervisor	☐ Joint and 75% Survivor Annuity
	Material reduction in the Employee's budget authority	☐ Joint and 100% Survivor Annuity
	Material change in geographic location at which Employee must perform services	E. If the compensation deferred is for the final payroll period of the year for services performed in the taxable year in which the payroll period ends, should the plan state that such deferral is for:
	Any other action or inaction which constitutes a material breach by the Employer of the agreement under which the	
_	Employee provides services	☐ The year in which the payroll period ends
	All of the above	☐ The subsequent year when the payroll is actually paid
A. V	What is the pre-determined time frame?	F. Should the plan provide for an acceleration of the time or
] Two years	schedule of a payment to pay employment taxes,
	Other (not to exceed two years)	including FICA or Railroad Retirement Act tax?
l7 le f	he plan designed to provide for:	☐ Yes
	A lump sum payment due to separation of service	□ No
	(skip to #19)	19. Should the plan provide for payment for an unforeseeable
	Deferral of compensation for services performed by the	emergency?
	Participant	☐ Yes (complete A. below)
	he plan to provide for deferral of compensation for s performed during the taxable year?	□ No (skip to #20)
	Yes	A. What is an unforeseeable emergency?
	No (skip to #19)	☐ Illness or accident of the Participant, Participant's spouse, beneficiary or dependent
A. \	When is the election to defer made?	☐ Loss of Participant's property due to casualty
ĺ	☐ December 31 for calendar year plans	☐ Imminent foreclosure or eviction from Participant's primary residence
	Other	☐ Medical expenses
i	f the plan provides for deferrals for more than one year, is the date to make the election automatically renewed	☐ Funeral expenses of Participant's spouse, beneficiary or dependent
	each year?	☐ Medical expenses
	□ Yes	☐ All of the above
	□ No	
	Does the Participant elect the form of payment by separate election form?	20. Is the plan to provide for inclusion of nonresident aliens? ☐ Yes
1	☐ Yes (skip to E. below)	□ No
	□ No (complete D. below)	
		Fax completed checklist, along with your contact information, to: (321) 747-0350

For questions, please email: support@qualifiedpensionconsulting.com

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