



In order to best help you with your current and future needs, please complete this questionnaire about your outsourced 401(k).

Questionnaire

Plan Name

Employer Information:

Name

Email

Phone

Type of Entity

Plan Tax ID#

Mailing Address

Street

City

State

ZIP

Incorporated Date

Plan Start Date

Is Employer part of controlled groups?

 Yes

 No

Are loans available to participants?

 Yes

 No

Are Roth Electives permitted?

 Yes

 No

Are in plan rollovers permitted?

 Yes

 No

Your CamaPlan Team:

CamaPlan

122 E. Butler Ave, Suite 100

Ambler, PA 19002

(215) 283-2868

Plan Administrator Information:

Same as Employer

Name

Title

Email

Phone

Plan Administrator Mailing Address

Street

City

State

ZIP

Who is your plan with now?

How much is in the plan? \$

How many employees do you have?

Who does your ERISA testing?

Who does the plan tax return?

What company does the plan investments?

How many participants will do self-direction?