

G & T BENEFITS GROUP, LLC

Pension Plan Questionnaire Plan Year: 01/01/2008 - 12/31/2008

Plan Name: _____

Type of entity: Corporation Subchapter S Sole Proprietor
 Partnership LLC LLP

Please answer YES or NO to the following questions (Do not leave any blank):

Yes No

1. Were any contributions deposited into the plan during the 2007 and 2008 calendar years?
If so enter dates and amounts.

Date	Amount	Fiscal Year of Deduction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Were there any investments other than annuity or insurance policies set up in the plans name (i.e. bank accounts, side funds)? If yes please explain:

3. Were there any distributions from the plan during the plan year? If yes please answer the following:

Name of Participant	Reason for Distribution
_____	_____
_____	_____

4. Were there any corporate mergers or business acquisitions during the Plan Year? If yes please explain:

5. Has the employer ever maintained another qualified plan? If yes please answer the following:

Type of Plan	Status of Plan (active or terminated)
_____	_____

- a. If 5. is yes, are there any participants benefiting in the pension plan who received an employer contribution from the plan listed above?

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Pension Plan Questionnaire Plan Year: 01/01/2008 - 12/31/2008 cont'd.

Yes No

6. Who are the stockowners, officers and key personnel of the company sponsoring the plan?

Name	Title	% of Stock/Ownership

7. Do the key personnel own any part of or operate any other trades or business?

8. Are any of the profits of the employer generated by other businesses?

9. Are the major job related functions prepared by leased employees or by employees of a separate business?

If 7, 8, or 9 are yes then list the related companies:

Related Companies	Owners' Names	Percentage Ownership

We recommend that you consult with your Accountant, Attorney, or Financial Advisor to determine the answers to questions 11 and 12.

10. Are the employer and the related companies above part of a controlled group?

11. Are the employer and the related companies above part of an affiliated service group?

12. Are there any employees working for the related companies listed above?

Signature _____ Date _____

Printed Name _____

E-mail Address _____