



Profit Sharing Plan Document Restatement Questionnaire

(Use To Restate an Existing UBS Financial Services Inc. Prototype Profit Sharing Plan Document for IRS Mandated Changes)

Overview

All employers who sponsor qualified retirement plans ("Plan Sponsors") are required by the IRS to replace their current plan documents with new plan documents that incorporate the changes brought about by legislative and regulatory changes, primarily the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA"). Plan Sponsors who fail to properly restate their qualified plan by the IRS mandated deadline risk the tax-qualified status of the plan. This questionnaire will help to guide Plan Sponsors and their tax/legal advisors through this essential process.

This Profit Sharing Plan Document Restatement Questionnaire gathers information that will be used to restate an existing UBS prototype profit sharing plan document. Plan sponsors who do not follow this process to restate their plan will be removed from the UBS prototype plan document program. UBS Financial Services Inc. (UBS) now offers its retirement plan clients a qualified plan prototype document service through Ascensus, a retirement services company. The annual fee for the service is \$150, charged automatically to the UBS master account for the plan.

To restate a UBS prototype plan document, the Plan Sponsor must first refer to a copy of its current UBS

prototype plan adoption agreement (including any amendments adopted) to complete this Profit Sharing Plan Document Restatement Questionnaire. Upon receipt of this Questionnaire, Ascensus will prepare the prototype plan document for the Plan Sponsor's review based upon the information provided by the Plan Sponsor in this document. All communication with the Plan Sponsor in connection with the UBS prototype document service is conducted electronically. Ascensus will create a secure file transfer protocol (FTP) website for the Plan Sponsor and will provide the Plan Sponsor with an e-mail detailing how to access the site and retrieve its plan documents. Upon downloading the documents, the Plan Sponsor will need to confirm that the elections in the adoption agreement are correct. This includes any options defaulted to those frequently selected by Plan Sponsors. The Plan Sponsor will then need to sign the adoption agreement and return a copy of it to Ascensus with a Certification of Adoption (the new adoption agreement, along with a copy of the basic plan document which supports it, should be maintained in the Plan Sponsor's permanent records for the plan). Future amendments to the prototype document, whether required by the IRS or requested by the Plan Sponsor, will be provided by Ascensus through the FTP website.

No Longer Using UBS Prototype Documents

UBS realizes that some Plan Sponsors may no longer need a UBS prototype plan document because they are obtaining their plan document services from their legal counsel, plan administration firm or other document provider. Please indicate below whether you have discontinued using the UBS prototype plan document:

If you are no longer using a UBS prototype document, check this box, fill in your plan name, sign below and do not complete the rest of this questionnaire.

I am no longer using a UBS prototype document. Please reclassify my qualified plan on your records as using a non-UBS plan document.

Please sign below and return this page in the enclosed envelope to Ascensus DCS Unit:

By Regular Mail: P.O. Box 726, Brainerd, MN 56401

By Express or Overnight Mail: 415 8th Avenue NE, Brainerd, MN 56401

Plan Name _____

Legal Name of Plan Sponsor _____

Name _____
Print Authorized Individual's Name (*Print Clearly*)

Title _____

Signed _____
Authorized Individual for the Plan Sponsor

Date _____



Continued Use of UBS Prototype Documents

I want to continue to use a UBS prototype document. Please amend and restate my qualified plan based on the information provided below.

Trustee/Custodian: Self-Trusteed (must complete Trustee information below)
 UBS Financial Services Inc. as Custodian Wilmington Trust as Trustee

(Refer to the Signature Page, Appointment of Trustee, in the UBS Financial Services Inc. Profit Sharing Plan Adoption Agreement)

Trustee:
Enter below the individual who is the trustee of the plan (may not be UBS or any of its employees or representatives).

Name of Trustee _____

Address _____

City _____ State _____ Zip Code _____

Title _____ Phone _____

The trustee named here must match the trustee listed on the UBS Account Application and Agreement for ERISA Plans. If you have more than one trustee for the plan, list additional trustees in the Comments/Notes section of this form.

Plan Sponsor Information

Plan Name _____

Legal Name of Plan Sponsor _____

Legal Address of Plan Sponsor _____

City _____ State _____ Zip Code _____

Employer Identification Number (i.e. Tax ID Number of Plan Sponsor) ____ - ____

Trust Identification Number, if any (i.e. separate Tax ID Number for the Plan's Trust) ____ - ____

Plan Sponsor's Tax Year End (Month/Day): _____

The plan year end will coincide with the employer's tax year end unless a different plan year end is indicated here:

Type of Business Organization:

Sole Proprietorship Partnership C Corp
 S Corp Limited Liability Company Other _____

3 digit Plan Number: ____ - ____ - ____
(Use the plan number on the most recent Form 5500.)

Name of Plan Sponsor Contact Person _____

Title of Plan Sponsor Contact Person _____

Phone Number _____

E-mail (required)

Note: Plans will not continue to be maintained in the UBS qualified plan prototype document service without a valid e-mail address.

Estimated Number of Participants in the Plan: _____

Plan Effective Date
(Refer to Section II, Effective Dates, in the UBS Financial Services Inc. Profit Sharing Plan Adoption Agreement)

1. The original plan effective date was _____
2. The plan will be restated effective January 1, 2010 for calendar year plans. For plans with a fiscal plan year, the effective date will be the first day of the plan year ending in 2010. If you would like a different restatement effective date, please indicate here: _____

Plan Defaults

- I used the UBS Financial Services Inc. Short Form Profit Sharing Plan Adoption Agreement (No. 002) and, in it, all elected plan provisions were defaults and no separate elections were indicated. Please prepare my new documents using these provisions.
- I have completed the balance of the Profit Sharing Plan Document Restatement Questionnaire below.

Employee Eligibility
(Refer to Section III, Eligibility Requirements and Service Crediting Rules, in the UBS Financial Services Inc. Profit Sharing Plan Adoption Agreement)

3. Service: An employee must be employed for at least 1 year before being allowed to participate in the plan, unless the employer chooses a different number of years: _____ (0 – 2 years).
4. An employee will earn a year of eligibility and vesting service by working at least 1,000 hours in a 12-month period. Hours will be measured by counting actual hours unless an elapsed time method is indicated here:
 - the elapsed time method will be used for determining years of service
5. An employee will not be given credit for eligibility, vesting or contribution allocation purposes for service with a predecessor employer unless a predecessor employer is indicated here:
 Service with the following predecessor employer(s) or the following type(s) of business(es):

is counted for purposes of:

- Eligibility
- Vesting

Profit Sharing Contributions
(Refer to Section V, Profit Sharing Contributions, in the UBS Financial Services Inc. Short Form Profit Sharing Plan Adoption Agreement or Section VII in the UBS Financial Services Inc. Standardized or Non-Standardized Adoption Agreement and Section IV, Vesting, in the UBS Financial Services Inc. Profit Sharing Plan Adoption Agreement (No. 002))

6. A participant who is employed on at least one day during the plan year will be eligible to receive a contribution, unless any of the following conditions are selected below:
 - Last Day Requirement/Under 501 Hours – if an employee works less than 501 hours, the employee must be employed on the last day of the plan year to receive a contribution.
 - Last Day Requirement - the employee must be employed on the last day of the plan year to receive a contribution
 - Hours of Service Requirement - the employee will be required to work at least _____ hours (cannot exceed 1,000) of service during the year in order to receive a contribution
7. Profit sharing contributions will vest according to the following schedule (*select one*):

Years of Service	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/> (<i>Complete if chosen</i>)
0	100%	0%	0%	_____ %
1	100%	0%	0%	_____ %
2	100%	0%	20%	_____ % (not less than 20%)
3	100%	100%	40%	_____ % (not less than 40%)
4	100%	100%	60%	_____ % (not less than 60%)
5	100%	100%	80%	_____ % (not less than 80%)
6	100%	100%	100%	100%

Note: If no vesting option is selected or the service requirement in number 3 is greater than one year, Option 1 will apply.

Plan Design Assumptions

In addition to the choices made on the prior pages, the following assumptions will be incorporated into your plan document as additional plan provisions. You need to review each of these assumptions carefully with your legal/tax advisor to ensure that these provisions are appropriate for your plan. If they are not, please indicate the changes needed in the Comments/Notes section on page 4.

Allocation Requirements. If either the Last Day Requirement or Hours of Service Requirement was selected in item #6 on page 3, these requirements are never waived. Any selection waiving the Last Day Requirement or Hour of Service Requirement will move your plan to a more complex plan document.

Distributions. Participants may take distributions in a total lump sum payment, partial payments, installment payments or purchase an annuity contract once they are eligible to receive payment from the plan. Cash-outs are made only if the participant's benefit does not exceed \$1,000.

Entry Dates. The first day of the plan year and the first day of the seventh month of the plan year (semi-annual entry dates). If you selected entry dates other than semi-annual in your previous document and you want to retain those selections, circle this assumption and write your entry dates in the Comments/Notes section of this form. Any selection other than semi-annual will move your plan to a more complex plan document.

KETRA. The plan does not incorporate the amendment language necessary for any plans that took advantage of the Katrina Emergency Tax Relief Act of 2005, the Gulf Opportunity Zone Act of 2005 and other related legislation and pronouncements.

Limitation Year. The limitation year (for purposes of annual additions testing under section 415 of the Internal Revenue Code) will be the plan year.

Normal Retirement Age. The normal retirement age for the plan will be age 59½.

Profit Sharing Allocation Formula. The profit sharing contribution will be allocated pro-rata. An integrated formula will not be used.

Required Beginning Date for Distributions. The required beginning date for distributions is the April 1 of the calendar year following the later of the calendar year in which a participant attains age 70½ or (except for 5% owners) the calendar year in which the participant has a termination of employment.

Vesting. If the plan is electing a new vesting schedule, the new vesting schedule will apply to all participants.

Plan Sponsor Agreements and Signature

1. I have read and understand the choices elected within this Profit Sharing Plan Document Restatement Questionnaire. The information provided in this Questionnaire and any ancillary information provided for the purposes of completing the plan documents are, to the best of my knowledge, correct and complete.
2. I represent that there are no related employers (e.g. controlled, common control or affiliated service group members) which participate in this plan. If there are related employers which participate, I have provided the name and address of such related employers in the Comments/Notes section or as an attachment to this Profit Sharing Plan Document Restatement Questionnaire.
3. I represent that I am authorized to sign on behalf of the Plan Sponsor (e.g. President, Officer or other person legally authorized to act on behalf of the entity which established or is establishing the plan).
4. I understand that neither Ascensus nor UBS, nor their employees or representatives, provide legal or tax advice and I have consulted with my legal and tax advisors regarding the plan and the Profit Sharing Plan Document Restatement Questionnaire. I understand that I am responsible for ensuring that appropriate optional forms of benefit under the prior document are preserved as required by the Internal Revenue Code and I understand that neither Ascensus nor UBS has reviewed the prior document.



UBS Financial Services Inc.

Account Number _____

5. I agree to receive all prototype plan document communication by e-mail and to notify Ascensus of any change in e-mail address. I understand that failure to notify Ascensus of any e-mail address change may result in the plan not receiving required amendments and can result in the disqualification of the plan by the IRS. I understand that after the adoption agreement has been signed, future changes to plan provisions can only be made by a formal plan amendment.

Name _____
Print Authorized Individual's Name (*Print Clearly*)

Title _____

Signed _____
Authorized Individual for the Plan Sponsor

Date _____

Send only this completed and executed Questionnaire to Ascensus DCS Unit:
By Regular Mail: P.O. Box 726, Brainerd, MN 56401
By Express or Overnight Mail: 415 8th Avenue NE, Brainerd, MN 56401

Do not include other documents, letters or checks when you return this Questionnaire. Instead, send those directly to your Financial Advisor.

Neither UBS Financial Services Inc. nor any of its employees provide legal or tax advice. You must consult with your legal or tax advisor when making decisions about a retirement plan.

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100115-1790-007

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