

EMPLOYER INFORMATION

1. Legal name of business _____
2. Address of business _____
3. Type of business

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-profit organization
	<input type="checkbox"/> S-Corporation
	<input type="checkbox"/> Other _____
4. Fiscal year ends (month and day) _____
5. (a) How long has employer been in present business or practice (include unincorporated years)? _____
 (b) Describe any predecessor business or practice _____
6. Business earnings over last 5 years:

<input type="checkbox"/> Increasing	<input type="checkbox"/> Decreasing
<input type="checkbox"/> Stable	<input type="checkbox"/> Surplus Position
7. Is there a current plan? Yes No
 If yes, please describe type of plan: _____
8. (a) Are there union employees? Yes No
 (b) If yes, has there been good faith bargaining for pension benefits? Yes No
 If 8(b) is no, union employees must be considered for participation in the plan. _____
9. If the principals have ownership in any other business or practice (incorporated or unincorporated), complete the following:

	Business A	Business B	Business C	Business D	Business E
Owner 1					
Owner 2					
Owner 3					
Owner 4					
Owner 5					
Owner 6					
Owner 7					

Please indicate percentage of ownership of each business or practice by all stockholders (or owner-employees).
10. Does this business perform management functions for another organization on a regular basis? _____

Please complete as much of the following information as possible:

A. Retirement Plan Consultant _____ Phone Number _____ FAX Number _____

Agency _____ Agency Code _____

Address where proposal should be sent _____

B. Please design a plan based on the following information – Spend \$ _____ per year and consider the following facts:

OR...

C. Please prepare a proposal with the following design features:

1. Effective Date _____ 2. Eligibility _____

3. Normal Retirement Age: _____

4. Type of Plan: Simplified Employee Pension (SEP)
• Profit Sharing Plan 401(k)
 Traditional Traditional SIMPLE
 Age Based Safe Harbor Money Purchase
 New Comparability (MAP) Double Advantage Safe Harbor (DASH) Target
 Defined Benefit - Traditional Defined Benefit - Fully Insured/412(i)

5. Plan Objectives Save for own retirement Reduce taxes (business or personal)
 Provide benefits to key employee(s) (Please specify) _____
 Other _____ Attract and retain talented workers

D. The amount of pre-retirement death benefit insurance coverage to be included in the plan: _____

**CONFIDENTIAL SURVEY
 EMPLOYEE DATA**

Name of Employer _____

E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SHEET # <input type="text"/>		TOTAL SHEETS <input type="text"/>	
PARROLL NUMBER					
TO BE COMPLETED BY DESIGN STAFF					

Emp. No.	First Name	Last Name	Sex M or F	Birth Date Mo. Day Yr.	Date of Hire Mo. Day Yr.	Salary	Sal. Code	Space for Design Staff	Key** Person Code
1	ROBERT	LARSON	M	5 11 30	3 15 64	\$80,000	0	1	1
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Coding Information:

- * SALARY CODE: 0 = Annual 1 = Monthly 2 = Weekly 3 = Hourly
- ** KEY PERSON CODE: 0 = No 1 = Yes