

Owner Only - Proposal Request

Phone: (310) 665-0578 Fax: (310) 492-99370

Business Information			
Firm Name		<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership If <input type="checkbox"/> LLC or <input type="checkbox"/> LLP, taxed as <input type="checkbox"/> Partnership or <input type="checkbox"/> Corp	
Address		Date Established	Fiscal Year End
City	State / Zip	Nature of Business	Federal Tax ID No.
Contact Person		Prior Business Name	
Telephone () ()	Fax () ()	Date Established	Fiscal Year End

1: What type of retirement plan do you currently have? None Profit Sharing Defined Benefit 401(k) SEP
 Money Purchase Simple—IRA Other (describe) :

2: Have you made any contributions other than employee deferrals during the current plan year? Yes (see instructions) No

3: Have you ever had a prior defined benefit plan? Yes (see instructions) No

4: Do you or your spouse own or operate any other business? Yes (see instructions) No

5: Do you receive income as an employee of a non-owned business? Yes (see instructions) No

Owner Information	Spouse Information: Only necessary if receiving compensation from above business entity.
Date of Birth	Spouse Date of Birth
Date Business Formed	Date Spouse Hired (if applicable)
Current Year Income (either W-2 wages or net self—employment income) \$	Spouse's Current Year Income \$

Contribution Objective: Maximum or \$ Plan Desired: 401(k) DB

List the highest prior 3 consecutive years compensation (either W-2 wages or net self-employment income) from this Firm or its predecessor.

Owner Income	Year	Income	Year	Income	Year	Income
Spouse Income	Year	Income	Year	Income	Year	Income

Accountant		Referral Source	
Name		Name	
Firm		Firm	
Address		Address	
City	State / Zip	City	State / Zip
Telephone () ()	Fax () ()	Telephone () ()	Fax () ()