



# Proposal Request Owner + Employees

Phone: (310) 665-0578 Fax: (310) 492-9937

## Client Information

Firm Name			Type of Business		
Address			<input type="checkbox"/> C-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
City	State	Zip	If LLC or LLP: taxed as <input type="checkbox"/> Partnership <input type="checkbox"/> Corp    or <input type="checkbox"/> SP		
Contact Person			Nature of Business		Federal Tax ID No.
Phone ( ) ( )	Fax ( ) ( )		Date Established		Fiscal Year End
Email Address			Name of Prior Business		
County and State of Operation			Date Established		Fiscal Year End

## Plan Objectives

1) Maximize Plan benefits to (check any/all) :     Owners     Key Employee(s)     All Employee(s)

2a) Estimated total yearly contribution: \$ \_\_\_\_\_      2b) Is contribution flexibility required annually?     Yes     No

3) Should the plan allow employees to defer a portion of their salary to the Plan?     Yes     No

4) Expected Retirement Age: \_\_\_\_\_

## Existing or Prior Plans

### PRIOR PLANS

None     Profit Sharing     Money Purchase     Defined Benefit     401(k)     Target Benefit  
 SEP     Simple-IRA     Other \_\_\_\_\_      Date Terminated or Merged \_\_\_\_\_

### EXISTING PLANS

None     Profit Sharing     Money Purchase     Defined Benefit     401(k)     Target Benefit  
 SEP     Simple-IRA     Other \_\_\_\_\_

Total Plan Assets: \$ \_\_\_\_\_

Have you made any contributions other than employee deferrals during the current plan year?     Yes     No

## Accountant and Referral Source Information

<b>ACCOUNTING FIRM</b>			<b>REFERRAL FIRM</b>		
Contact Person			Contact Person		
Address			Address		
City	State	Zip	City	State	Zip
Phone ( ) ( )	Fax ( ) ( )		Phone ( ) ( )	Fax ( ) ( )	
Email Address			Email Address		
			Branch #		Rep #

## Special Arrangements

- Q1)** Does the company form part of a "Controlled Group" of companies (as defined by IRS code)?  Yes  No
- Q2)** Does the company form part of an "Affiliated Group" of companies (as defined by IRS code)?  Yes  No
- Q3)** Does the company "Lease" or "Share" employees (as defined by IRS regulations)?  Yes  No
- Q4)** Do "Independent Contractors" represent more than 20% of the company workers?  Yes  No
- Q5)** Does your company have employees covered under a "Collective Bargaining Agreement"?  Yes  No
- Q6)** If "YES" to Q5, Does the agreement allow for participation in company sponsored retirement plans?  Yes  No
- How many employees are covered under the Collective Bargaining Agreement?

## CONFIDENTIAL EMPLOYEE CENSUS

**(Use Additional Sheets as Necessary)**

- ❖ List all employees who were employed at any time during the year and provide their Job Title (i.e. Vice President, Office Support, etc.), **except for** union employees whose retirement benefits are the subject of good faith bargaining.
- ❖ Generally, the term "Officer" means an administrative executive who is in regular and continued service. An employee who has the title of an officer but does not have the authority of an officer is not considered an officer for our purposes. Similarly, an employee who does not have the title of an officer but has the authority of an officer is an officer for our purposes.
- ❖ For Sole Proprietors or Partners, show the net earned income from your business as "Total Annual Compensation."
- ❖ Indicate "Family Relationships" by relationship and employee number (e.g. "Spouse #2, Child #5, etc.)
- ❖ **Insert Date of Birth for the Spouse of the Owner** if requesting a proposal for a defined benefit plan: \_\_\_\_\_.

Employee Name (Last, First, MI)	Company Officer? ( Y or N)	Owner- ship %	Birth Date (mm/dd/yy)	Hire Date (mm/dd/yy)	Termination Date (mm/dd/yy)	Does Employee Work 1,000 hours per year?		Total Annual Compensation	Job Title
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		Family Relationship
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, in prior year		
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## CENSUS PAGE TWO

### CONFIDENTIAL EMPLOYEE CENSUS (Use Additional Sheets as Necessary)

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