

# RETIREMENT PLAN FACT FINDER

## GENERAL INFORMATION:

Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business tax year-end (month/day): \_\_\_\_\_

Business Type:     Regular Corporation                       LLC: taxed as Partnership  
                          Proprietorship                                       LLC: taxed as S Corporation  
                          Professional Corporation - C                       Sub-S Corporation  
                          Professional Corporation – S                       Partnership  
                          LLC: taxed as Sole Proprietorship  
                          Other (explain) \_\_\_\_\_

Is Business a Non-Profit    Yes     No    *If Yes, what Code Section* \_\_\_\_\_

Date Business Started (month/year): \_\_\_\_\_

Did you incorporate in current calendar year    Yes     No

Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_%

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Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_%

Do any of the above named Principals(s) own(s) all or part of another business?

Yes     No

*If yes, please **attach** the names of the business(es), owner(s) and the percentage(s) of ownership.*

Is there a union with which retirement benefits have been the subject of good-faith bargaining?

Yes     No

*If yes, will bargaining employees be included in this plan?*

Yes     No

*If bargaining employees are to be included, please attach a copy of the union's collective bargaining agreement.*

Does the employer currently have a QUALIFIED RETIREMENT PLAN, SEP, or SIMPLE IRA?

Yes     No

*If yes, specify type of plan(s):* \_\_\_\_\_

Has the Employer ever had a QUALIFIED RETIREMENT PLAN (other than the current one), SEP, or SIMPLE IRA?

Yes     No

*If yes, specify type of plan(s):* \_\_\_\_\_

Does the employer utilize or provide leased employees?

Yes     No

**PLAN INFORMATION:**

Checklist of data needed for *takeover* proposal:

Adoption Agreement and/or Summary Plan Description  
Approximate number of Loans \_\_\_\_\_  
IRS 5500 series and schedules for the two most recent plan years  
Statement of assets  
Investment Policy Statement  
Census data in a *spreadsheet format* – **Ask us if this is needed**

Estimated *existing* plan assets available for transfer: \$ \_\_\_\_\_

Estimated amount of *annual recurring* contributions: \$ \_\_\_\_\_

Are there any current surrender charges?             Yes             No            If yes, \_\_\_\_\_%

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a *new* plan: (Note: changing the investment options and/or the TPA is not a new plan)

Estimated amount of *annual recurring* contributions: \$ \_\_\_\_\_

Rank the following objectives from 1 to 9 (1 being the most important):

- |                                   |                                |                                 |
|-----------------------------------|--------------------------------|---------------------------------|
| ___ Company tax deduction         | ___ Reward key employees       | ___ Motivate employees          |
| ___ Pre-tax savings for employees | ___ Reward long term employees | ___ Shifting costs to employees |
| ___ Attract and retain employees  | ___ Reward all employees       | ___ Reward owners               |

Approximate Number of Employees: \_\_\_\_\_

Payroll Frequency:             Weekly             Bi-weekly             Semi-monthly             Monthly

**FAILURE TO PROVIDE REQUESTED INFORMATION MAY RESULT IN PROVIDING A PROPOSAL WITH FEES THAT CANNOT BE HONORED.**

**BROKER INFORMATION:**

Broker Name: \_\_\_\_\_

Broker/Dealer Name: \_\_\_\_\_

Firm: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ # of Proposals Needed: \_\_\_\_\_

Table: \_\_\_\_\_ Year Enter: \_\_\_\_\_ Add On: \_\_\_\_\_

Describe Employer's concerns as to Fiduciary Liability:

- Very Concerned             Moderately Concerned             Not Greatly Concerned

Include the following in the Proposal:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Mutual Funds     | <input type="checkbox"/> Individual Brokerage Accounts |
| <input type="checkbox"/> Mutual Fund Window      | <input type="checkbox"/> Managed Monies                |
| <input type="checkbox"/> Commercial Trustee      |  |
| <input type="checkbox"/> Other (Describe): _____ |  |