

**Please complete as much of the following information as possible**

**A.** Representative Name \_\_\_\_\_ Representative # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Branch # \_\_\_\_\_  
 Branch Address \_\_\_\_\_

**B.** Please design a plan based on the following information

1. Tax deductible contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ (%) for fiscal year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mo/day/yr)  
 Comments \_\_\_\_\_
2. Effective date \_\_\_\_\_
3. Attain Age of \_\_\_\_\_ (maximum age 21) Completion of \_\_\_\_\_ years of service (maximum 2)
4. Normal Retirement Age \_\_\_\_\_
5. Type of Plan     Simplified Employee Pension(SEP)     Simple     Money Purchase     Target Benefit  
                           Defined Benefit - Traditional     Defined Benefit - Fully Insured/412(i)  
                           Profit Sharing Plan:    \_\_\_ Traditional    \_\_\_ Age based    \_\_\_ New Comparability (MAP)  
                           401(k):    \_\_\_ Traditional    \_\_\_ Safe Harbor    \_\_\_ Double Advantage Safe Harbor
6. Plan Objectives     Save for own retirement     Provide equal benefits for all     Attract and retain talented workers  
                           Other \_\_\_\_\_  
                           Provide benefits to Preferred\* employee(s) Please specify \_\_\_\_\_

**Employer Information**

1. Legal name of business \_\_\_\_\_
2. Address of business \_\_\_\_\_
3. Type of business     Sole proprietor     C-Corporation     S-Corporation     Partnership     Non-profit organization  
                           Other \_\_\_\_\_
4. (a) How long has employer been in present business or practice (including unincorporated years)? \_\_\_\_\_  
       (b) Describe any predecessor business or practice \_\_\_\_\_
5. Business earnings over last 5 years:     Increasing     Decreasing     Stable     Surplus position
6. Is there a current plan?     Yes     No    If yes, please describe type of plan \_\_\_\_\_
7. (a) Are there union employees?     Yes     No  
       (b) If yes, has there been good faith bargaining for pension benefits?     Yes     No  
       If 7(b) is no, union employees must be considered for participation in the plan.
8. Do the owners have ownership interest in any other companies?     Yes     No    If "Yes," please supply details on a separate sheet.

\* Preferred - indicates the employees to which the Plan Sponsor wants to maximize the benefit.

