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RETIREMENT PLAN QUESTIONNAIRE

Please print clearly

CLIENT INFORMATION | **REFERRAL INFORMATION**

Company Name:	**Name:**
Contact Name:	**Company Name:**
Street Address:	**Street Address:**
City:	**City:**
State: **Zip Code:**	**State:** **Zip Code:**
Telephone:	**Telephone:**
Email:	**Email:**

Client's Employer Identification Number:_____ **Business Year End:**_____

- **Type of Business (check one):**

☐ Sole Proprietor ☐ Partnership ☐ LLP ☐ Corporation ☐ LLC ☐ S-Corporation

- Do owners, spouse or minor children own part of any other business? ☐ Yes ☐ No
- Is this Company a subsidiary of any other company? ☐ Yes ☐ No

Note: If you answered "Yes" to any of the above, please explain below:

_____

_____

PLAN DESIGN INFORMATION

Type of Plan Desired (check one): ☐ Defined Benefit ☐ Profit Sharing ☐ 401(k) ☐ 403(b) ☐ Cafeteria Plan ☐ HRA ☐ Davis-Bacon

If 401(k) Plan: Does the Employer wish to make Matching Contributions? ☐ Yes ☐ No

Does the Employer wish to make discretionary Profit Sharing Contributions? ☐ Yes ☐ No

The goal of the plan is to: ☐ Favor Key Employees***** ☐ Treat everyone equally

*** Indicate Principals and "Key" employees you wish to favor on the census, on the back.**

Desired level of contribution: ☐ The maximum allowed ☐ $_____

PREVIOUS AND/OR EXISTING PLAN INFORMATION

The company used to sponsor the following terminated plan(s): ☐ **NONE**

☐ Defined Benefit ☐ Profit Sharing ☐ Money Purchase ☐ 401(k) ☐ 403(b) ☐ Simple IRA
☐ SEPP ☐ Other:_____

The company **currently** sponsors the following plan(s): ☐ **NONE**

☐ Defined Benefit ☐ Profit Sharing ☐ Money Purchase ☐ 401(k) ☐ 403(b) ☐ Simple IRA
☐ SEPP ☐ Other:_____

Thank you for your assistance, we look forward to working with you.

Furnished by: _____ Phone: (_____)_____

Northern California
Fax (916) 773-3484

Southern California
Fax (818) 346-8672

San Diego
Fax (619) 683-2022

Employee Census

Please List All Employees (Including Terminated Employees) Who Received A W-2 This Year.
Enter Net Schedule C Income For Owner-Employee Or K-1 Income If A Partnership.

Name of Employee(s)		Officer Y/N	F. E. *	Sex	Family Members of Owner(s)? (relationship)	Date of Birth (M/D/Y)	Date Employed (M/D/Y)	Date of Termination	Annual Hours of Service (estimate)	Annual Fiscal Year Compensation (estimate)**	Gross Comp. In Prior Year***
Last, First	Ownership %										

***F.E. = Favored Employee. Check if intended to have this Plan favor this employee regarding contributions.**
****Enter compensation considered for W-2 purposes.**
*****Enter gross compensation for those employees earning more than $110,000 annually.**