

Benefit Solutions

PROPOSAL REQUEST FORM

COMPLETE FORM AND FAX OR EMAIL TO US FOR A FREE RETIREMENT PLAN ILLUSTRATION

Prepared By: _____ Date: _____

Phone _____ Fax _____ Email _____

City, State _____

| |
|-------------------------------------|
| PART 1: COMPANY INFORMATION: |
|-------------------------------------|

Name of Employer: _____

Contact Person: _____ Title: _____

Date Business Started _____ Fiscal Year End: _____

Nature of Business: _____

Type of Business:

Corporation Sole Proprietorship Subchapter S Corporation

Professional Corporation Partnership Non-Profit

LLC Other : Please explain _____

Filing as Corp _____
 Filing as Sch C _____
 Filing as K-1 _____

Is there substantial common ownership of another business by the company or its shareholders?

Yes No ***If yes, complete the Controlled/Affiliated Service Group Questionnaire***

Who are the owners and their percent of ownership?

Owner _____ %

Owner _____ %

Owner _____ %

Owner _____ %

Please list any employee that is related to the owners and their relationship to the owner

Employee _____ Relationship to Owner _____

Employee _____ Relationship to Owner _____

Employee _____ Relationship to Owner _____

Employee _____ Relationship to Owner _____

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Please list the officers and their titles

Officer _____ Title _____

Officer _____ Title _____

Officer _____ Title _____

Officer _____ Title _____

PART 2: PLAN DESIGN INFORMATION

Does the Employer have an existing retirement plan? ___Yes ___ No

If yes please answer following questions:

Status of the Plan ___Active ___Frozen ___Terminated (Date of termination ___/___/___)

Type of existing or prior plan:

___ Money Purchase ___ Defined Benefit ___ Profit Sharing

___ 401(k) Profit Sharing ___ E.S.O.P. ___ SEP

___ Simple IRA ___ Other: _____

PLAN OBJECTIVES

Company's earnings are _____Steady or _____Fluctuating

What is the amount the employer would like to contribute to the Plan each year

Dollar Amount \$_____ or Maximum Allowable Contribution ___

Does the employer want employees to be able to contribute to the plan ___Yes___No

Please rank the Employer's major objectives in having a Plan.

___Maximum tax deductions for employer ___Benefit key employees ___Help attract employees

___Help retain employees ___Provide retirement security for employees

PART 3: CENSUS

Please complete the Employer Census Information

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CONTROLLED GROUP/AFFILIATED SERVICE GROUP QUESTIONNAIRE

To be completed if you answered yes to: *Is there substantial common ownership of another business by the company or its shareholders?*

If the company owns interest in another business or one of the stockholders in the Company owns interest in any other business, please complete the below requested information.

CONTROLLED GROUP

| Name of Business | Type of Business | % Owned/By Whom | # of Employees |
|------------------|------------------|-----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

After consulting with your attorney or tax advisor regarding your particular situation, answer the following question: Is your business part of a controlled group as described in IRC Section 1563(a)(1) ___Yes___No

Affiliated Service Group

1. Is the performance of services the principal business activity of your company? ___Yes___No
2. Is a service organization a shareholder or partner in this business? ___Yes___No
3. Does a service organization regularly perform services for your business or is a service organization regularly associated with your business in the performance of services for third parties? ___Yes___No
4. Is your business or the service organization described in question #2 and #3 above involved with other service organizations to the extent of services and ownership (at least 10%)? ___Yes___No

If you have answered "Yes" to any of the above questions, please contact your attorney or tax advisor for verification of your "Affiliated Service Group" status. Then answer Question #5.

5. Is your business part of an Affiliated Service Group? ___Yes___No

I have consulted my attorney / tax advisor regarding the above questions. To the best of my knowledge, the answers given are correct.

Employer

Date

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