

Benefit Solutions

CONFIDENTIAL INFORMATION FORM

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Prepared By: _____ Date: _____

Please indicate what this is for: Proposal _____

Client Is Ready to Start Plan _____

Note: If client is ready to start plan, a Plan Design Questionnaire must also be completed. Please contact our office for the form.

COMPANY INFORMATION:

Legal Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

Tax I.D. Number _____ Fiscal Year End: _____

Date Business Started: _____ Date Of Incorporation: _____

Nature of Business: _____

Type of Business:

Corporation Sole Proprietorship Subchapter S Corporation

Professional Corporation Partnership Non-Profit

LLC Other _____

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.

Investment Representative Information:

Name _____ Firm _____

Address _____ City/State _____

Phone _____ Fax _____ Email _____

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EXISTING PLAN, IF APPLICABLE

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

What type of Plan is it? (If the plan is terminated, please indicate date of termination)

___ Money Purchase ___ Defined Benefit ___ Profit Sharing
___ 401(k) Profit Sharing ___ E.S.O.P. ___ SEP
___ Simple IRA ___ Other: _____

Who is currently administering the existing plan (ex IRS Reporting, disclosures, plan records, etc.) _____

Who is the Trustee of the existing Plan _____

Who would have the most up to date records regarding the existing plan _____

PRIOR PLAN, IF APPLICABLE

Has the Employer had a retirement plan in the past that is not active? ___ Yes ___ No

If yes, what type of plan _____
When was it terminated _____

PLAN OBJECTIVES

Company's earnings are _____ Steady or _____ Fluctuating

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

Does the employer want flexibility in deciding the amount to contribute _____ 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

CENSUS

Please complete the attached Census form and answer the below questions.

Who are the owners and their percent of ownership?

Owner _____ %
Owner _____ %
Owner _____ %
Owner _____ %

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

Please list the officers and their titles _____

Does the employer have Leased Employees ___ Yes ___ No

CONTROLLED GROUP/AFFILIATED SERVICE GROUP QUESTIONNAIRE

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does any owner of the Company have a spouse that has ownership in another business ___ Yes ___ No

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

