



Retirement Plan Proposal Information Request

Please return completed form to _____ via email:

Email: _____

Name	% of Co. Owned	Relationship to Owner	Sex	Date of Birth	Date of Hire	Date of Termination	Hours of Service [over or under 1,000]	Prior Year Compensation	Proj. Current Year Compensation

Please include all employees who worked during the current year

Is your business related to any other business organizations which you are members of a "Controlled Group" [Internal Revenue Code Section 1563] or a "Affiliated Service Group" [Internal Revenue Code Section 414(m)]?

Yes No

Does your business currently sponsor [or has the business ever sponsored] any Pension and/or 401k/Profit Sharing Plans?

Yes No

If Yes, please complete the following:

Type of Plan: 401k / Profit Sharing Cash Balance / Defined Benefit Other: _____