## CONFIDENTIAL FACT FINDER

I. EMPLOYER INFORMATION
A. Name of Company $\qquad$ Tax ID\# $\qquad$
B. Address $\qquad$ Street $\qquad$
State Zip Code

Telephone Number: ( ) $\qquad$ Fax Number: ( ) $\qquad$
C. Type of Organization
$\dagger$ Corporation
$\dagger$ Regular
$t$ Subchapter S
t Professional
$\pm$ Unincorporated
† Partnership
$\dagger$ Sole Proprietorship
t $\qquad$
D. Date of Incorporation or First Day of Operation
E. The stockowners, officers, and key personnel of the Employer are:

Name
Title
\% of Stock Owned

| Name | Title | \% of Stock Owned |
| :---: | :---: | :---: |
| $-\ldots$ | $\ldots$ |  |

F. Regarding controlled groups of corporations, please complete the summary below if there are any affirmative answers to the following questions:

1. Do the key personnel own any part of or operate any other trades or businesses?
2. Are the revenues of the employer directly generated by businesses with common stock ownership?
3. Are major job related functions prepared by leased employees or by employees of a separate business?

> Related Companies

Owners' Names \& Percentage
G. If the Employer has ever maintained a qualified plan, please complete the summary below:

| Type of Plan | Plan Formula |  |
| :---: | :---: | :---: | :---: | :---: |
| Does ther Comments |  |  |

## II. PROPOSED PLAN INFORMATION



B. Employer Fiscal Year End $\qquad$ Controlled Group Members Year End
C. Compensation: $\dagger$ TOTAL $\dagger$ BASIC*EXCLUDING $\qquad$ *NON-INTEGRATED PLANS ONLY (Attach explanation if necessary)
D. What is the employer's main objective in developing a Retirement Program? (maximum deductible contribution, maximum retirement benefits for himself, employee incentive, other)

Please complete:
E. Type of Plan
$\dagger$ A plan where the benefits are predetermined and funded over future years. (Often used where key personnel are older)
$\dagger$ A plan where deposits are determined by a contribution formula and benefits depend on the values at retirement, (Often used where key personnel are younger)
$\dagger$ A plan which is flexible and based on the profits of the company, where benefits depend on the values at retirement.
F. Type of Plan
$\dagger$ Defined Benefit $\quad \pm$ 412(i)
$\dagger$ Integrated $\dagger$ Non-Integrated (If integrated, this will favor higher paid employees)
t Money Purchase
$\dagger$ Integrated $\dagger$ Non-Integrated (If integrated, this will favor higher paid employees)
† Profit Sharing 401(k)
$\dagger$ Integrated $\dagger$ Non-Integrate (If integrated, this will favor higher paid employees)
$\dagger$ Other (Example: Target Benefit, 401(k)) $\qquad$

If a $401(\mathrm{k})$ is requested, will there be matching contributions? $\quad \mathrm{Yes} \dagger$ No
If yes, give formula $\qquad$
G. Proposed Eligibility Requirements

1. Class of employees to be included: $t$ All $\dagger$ Salaried $t$ Hourly $t$ Union Members
$\dagger$ All Non Union Members $\quad \dagger$ Others (If Union Members are to be excluded, they must have a pension plan or a negotiated contract.)
2. Service* $\qquad$ (Max. 2 years) Minimum Age $\qquad$ (No higher than 21) *More than 1 year will require $100 \%$ vesting.
3. Normal Retirement Age: $\quad 65 \not+65$ and 5 years $\ddagger$ Other
H. Mandatory Employee Contributions:
t None
$\pm$ Yes $\qquad$ \% of annual earnings.
I. Additional Comments: $\qquad$

Submitting Agent: $\qquad$
PROPOSAL CENSUS DATA
LISTING OF ALL EMPLOYEES

| First Name | Last Name | Sex | Birth Date M/D/Y | Hire Date $M / D / Y$ |  | W 2 <br> Compensation | Schedule C or K 1 Income | Annual Hours Worked If Part Time | $\begin{gathered} \text { Smoker } \\ Y=Y e s \\ N=N o \end{gathered}$ | Family Member of Owner Y or N | Position or Class |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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*Part-time is defined as working less than 1000 hours
during a twelve month period.

