



BUSINESS PENSION PROPOSAL QUESTIONS

BUSINESS NAME: _____ dba _____

OWNER(s) : _____ CONTACT: _____

DOB : Self: _____ Partner: _____ Partner: _____ Spouse: _____ Kids: _____

ADDRESS: _____

CITY/ST/ZIP _____ CELL: _____

PHONE: _____ FAX: _____

EMAIL: _____

FEDERAL TAX ID #: _____ - _____ BUSINESS CLASS CODE: _____

Date of Incorporation: _____ Date Business Began Earning Income: _____

What type of business entity is it? Sole Prop Prof. Corp LLC S Corp C Corp Other

What company tax return do you file: 1040 Schedule C. 1120s 1065 1120 other

INCOME:

If an S Corp, or LLC that files an 1120 s Tax form :

W2: Current Year \$ _____ / _____ Last Year \$ _____ / _____ Previous Year \$ _____ / _____

If you file a partnership 1065 Tax Form:

K-1 Line 14a : Current Year \$ _____ / _____ Last Year \$ _____ / _____ Previous Year \$ _____ / _____

f 1040 Schedule C Line 31 Current Year \$ _____ / _____ Last Year \$ _____ / _____ Previous Year \$ _____ / _____

What is the nature of business (i.e.: medical, construction, manufacturing, etc.)

How many owners are there in the business? _____

What % of ownership does the candidate own _____

How many other partners/ownership % _____

How many other partners/ownership % _____

Gross Payroll \$ _____

Estimated Annual Tax Liability \$ _____

Does the client have ownership interest in more than one entity? Yes No



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a. Control or Affiliated Service Group Yes No

b. Does the other company(s) use the same employees Yes No

c. Do you receive your income based of the services of the other company Yes No

d. Ownership % of any other company(s) _____

(please attach a separate data sheet and employee census for each company that is considered Control or Affiliated Service)

Does the client own a company/practice with historically a stable cash flow? Yes No

How many years do you expect this cash flow to remain the same or improve _____

Can/will the client commit to funding the plan for at least 3 years? Yes No

How much money does the client require from his gross income to live annually? \$ _____

If you can decrease your tax liability by approx 37%, how much would the maximum employer contribution this enterprise might consider making every year \$ _____

Who, if any, are the key personnel you wish to benefit the most from a retirement plan

What are the three (3) Highest Consecutive Years Income for each Key (in \$\$\$) with this company. A "Key" Employee is any owner with 5% or more ownership; a 1% owner with \$150K+ in compensation or an officer with \$170K+ in compensation.

List each key + average per key:

- 1.
- 2.
- 3.

Plan Design Information What are the client's objectives? Use your/client's own words. For example: maximum deduction for the owner; minimum required contribution all others (Default Proposal; this is what you will get w/o specific instructions below). Do you want to: a) show maximum life insurance option; b) add the owner's spouse for a maximum spousal benefit?

Is there current Life Insurance policies in place Yes No

If Yes, fill in the following info: Term \$ _____ VUL \$ _____ Whole Life \$ _____ UL \$ _____

Reason: Business (Buy Sell, Deferred Comp, Pension) Personal (Non deductible, Estate Planning Deductible)

Is there any Buy/Sell or Non Qualified Strategies in Place, if so, What ?? _____

Is there a Disability Policy in Place? _____ (if yes Please attach a copy of the declaration Page)

Is there Business Overhead Expense Insurance in Place? _____ (if yes, Please attach a copy of the declaration Page)



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What Types of **EMPLOYEE BENEFITS** are Currently in Place

- 100% Employee Health Plan (what % if other _____)
- Vacation
- 401k
- LT Life (\$50k)
- Paid Holidays (10)
- LT Disability
- Severance

CURRENT OR PRIOR RETIREMENT PLANS Yes No

- If "Yes", what type? 401(k) Profit Sharing IRA SIMPLE SEP
- Defined Benefit. Cash Balance Money Purchase Target Benefit

What was the last contribution amount? \$ _____

What are the Total Assets Under Mgmt \$ _____

When was the last contribution made? _____

When was the last time you had your plan reviewed for accuracy _____

What Estate Planning Strategies are in Place?-

CURRENT/PRIOR RETIREMENT PLAN ADMINISTRATOR: (If applicable)

NAME: _____

CONTACT: _____

If there is an existing plan(s), we need the following information in order to provide a thorough review and to offer considered suggestions:

- _____ Copies of Summary Plan Description, Plan and Trust documents including Adoption Agreement
- _____ Copies of prior 5500 reporting forms for the Plan(s) for last (2) years, if applicable
- _____ Copies of prior actuarial valuations for last 2 years (pensions).
- _____ If 401k/PSP, the latest tests: ADP/ACP, top heavy, etc and allocation/account info

My signature below certifies that the information provided is accurate to the best of my knowledge. I will provide a complete Employee Census, as required on the RAS spreadsheet

X: _____

Printed Name: _____ Date: _____