

# Business Pension Proposal Questions

Retirement Actuarial Services LLC

Fillable questionnaire for preliminary business pension and Designer DB Plus® proposal review.

800-297-4987 | admin@rasvcs.com

www.retirementactuarialservices.com

## Business Information

Business Name

DBA (if applicable)

Owner(s)

Primary Contact

DOB - Self

DOB - Partner

DOB - Partner

DOB - Spouse

Kids (names / DOBs if needed)

Federal Tax ID #

Phone

Address

Cell

City / State / ZIP

Fax

Email

Business Class Code

Date of Incorporation

Date Business Began Earning Income

# Business Pension Proposal Questions

Entity structure, ownership, payroll, and income information.

## Entity and Ownership

What type of business entity is it? (check all that apply)

- Sole Prop     Prof. Corp     LLC     S Corp     C Corp     Other

What company tax return do you file?

- 1040 Schedule C     1120S     1065     1120     Other

Nature of Business

How many owners are there in the business?

What % of ownership does the candidate own?

How many other partners / ownership %?

How much does the owner receive in comp from other entity?

Gross Payroll

Contribution Annual Budget

Ownership interest in more than one entity?

Does the client have ownership interest in more than one entity?

- Yes     No

## Income (as applicable)

Complete the sections that match the tax return type(s) filed.

Income Type	Current Year	Last Year	Previous Year
S Corp or LLC filing 1120S (W-2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partnership filing 1065 (K-1 Line 14a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1040 Schedule C Line 31	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schedule E (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schedule F (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Business Pension Proposal Questions

Current or prior retirement plan information.

## Current or Prior Retirement Plans

Current/Prior Retirement Plan Administrator

Is there an existing plan(s)?

Yes  No

If "Yes", what type? (check all that apply)

- 401(k)  Defined Benefit  Cash Balance  Money Purchase  Target Benefit  Profit Sharing  
 IRA  SIMPLE  SEP

Control Group (if applicable)

Yes  No

Affiliated Service Group (if applicable)

Yes  No

Tell us what your priorities are and what is important about this strategy

## Documents / Information to Provide (if applicable)

- Summary Plan Description (SPD)  
 Plan & Trust docs + Adoption Agreement  
 Prior 5500s (last 2 years, if applicable)  
 Prior actuarial valuations (last 2 years, pensions)  
 Latest tests (ADP/ACP, top-heavy, etc.)  
 Allocation / account information

What was the last contribution amount?

Total Assets Under Management

When was the last contribution made?

Last plan review for accuracy

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Additional notes, certification, and signature.

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## Additional Notes

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## Certification & Signature

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

Name

Contact

Signature (type full name)

Date

## RAS Contact

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Retirement Actuarial Services LLC

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Website: www.retirementactuarialservices.com

## Important Disclosure

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This questionnaire is intended to gather preliminary information for educational and case screening purposes only. It is not a plan design, actuarial valuation, tax opinion, legal opinion, accounting advice, investment advice, or a guarantee of any deduction, contribution, or tax outcome. Final plan feasibility, contribution levels, employee costs, tax impact, and compliance requirements depend on complete census data, compensation, plan documents, ownership structure, actuarial assumptions, and professional review.