



RETIREMENT PLAN FACT FINDER – Defined Benefit/Cash Balance Plan

Company Name: _____ Tax ID# _____

NAICS # (6-digit business code found on corp tax return): _____ Industry Type: _____

Address, City, State, Zip: _____

Main Contact: _____ Title: _____

Phone: _____ Email: _____ Prefer: () Phone () Email

Date Business Commenced: _____ Company Tax Year-End: _____ State of Organization: _____

Business Entity Form: () C Corporation () S Corp () Partnership* () LLC* () Sole Prop* () Non-Profit

*Taxed as: _____ *How are earnings reported? (Ex: W2, K1, Schedule C): _____

	Owner	Owner
Name	_____	_____
Ownership %	_____	_____
Date of Birth	_____	_____
Date of Hire	_____	_____
Type of earnings?(W2, K1, Sch C)	_____	_____
Current year earnings (estimate)	_____	_____
Prior Year Earnings	_____	_____

Do any of the owners own all or part of any other companies? () NO () YES - if yes, please explain on page 2

Is your company part of a "Controlled Group" or "Affiliated Services Group" () NO () YES - if yes, explain on page 2

- *Controlled Group – Common ownership (wholly or partially) with other businesses*
- *Affiliated Service Group – When the employer regularly provides services to a third party with another business.*

Has the Company ever had a Retirement plan (401k, SEP, Simple, Defined Benefit)? () NO () YES: if yes, explain on page 2

Do you (or any partner or spouse) participate in any other retirement plan? () NO () YES - if yes, explain on page 2

Do any of the owners have a spouse? () NO () YES – If Yes:

- Will the spouse be participating in the plan: () NO () YES - If yes, are they on payroll? _____
- Does the spouse have ownership in any companies? () NO () YES – if yes, please explain on page 2.

Number of Employees (Total currently on payroll): _____ Full time _____ Part Time*

* Part time employees, how many of them work at least at least 500 hours per year? _____

Types of Wages? () W2 () Section 125 () Bonuses () Fringe Benefits () Commission

Payroll Frequency: _____ Payroll Provider: _____

Do you have: () Union Employees () Leased Employees () Non-resident Aliens

PLAN TYPE

New Plan Start up Where will the assets be held?: _____

Incoming Rollovers? NO Yes: \$ _____

Existing Plan Where are the current assets held?: _____ Total: \$ _____

Does the current plan include any of the following:

Life Insurance Outside brokerage accounts Real estate Loans

Main Goal of Plan: Max out owners Employee retaining/attraction Tax Savings Other: _____

ADDITIONAL INFORMATION

Financial Advisor - Name/Email: _____ Phone: _____

Accountant - Name/Email: _____ Phone: _____

Additional explanation from page 1: _____

Any other comments/considerations? _____

ACCEPTANCE – This information is complete and accurate:

Printed Name

Signature

Title

Date