



Lafayette Life Insurance Company

A member of Western & Southern Financial Group

Proposal Request Form

The data below will provide the information necessary to generate a plan proposal. Please complete all information.

Employer Name _____

Employer Address _____

Business Entity: C-Corp. (W2) S-Corp. (W2) Partnership (K-1) Sole Proprietor (net Schedule C) LLP
 LLC (indicate LLC tax filing status Partnership or Corporation or Sole Proprietor)

Fiscal Year _____ Desired annual contribution \$ _____ Anticipated retirement age of owner _____

Plan Design Proposals:

- Traditional Defined Benefit Plan
- 401(k) Profit Sharing Plan
- 412 Fully Insured Defined Benefit Plan
- Safe Harbor 401(k) Profit Sharing Plan
- Profit Sharing
- Cash Balance Plan

Does the employer now have or ever had a retirement plan? Yes No If yes, (Including a SEP, SIMPLE or any other retirement plan)

Do the owners have ownership interests in other businesses? Yes No If yes,

Is the employer a controlled group or affiliated service group? Yes No If yes,

Does the employer use leased employees, union employees or independent contractors? If yes, indicate in census. Yes No If yes,

Submit census using excel spreadsheet (sample spreadsheet on LLIC website) or complete the form below.

Name (mark U if union, L if leased, or IC if independent contractor)	Date of Birth	Date of Hire	Annual Salary	Ownership % or Family Relationship to Owner	Job Title (complete for all requests)	Hours worked (if < 1,000 hours)

Representative to be contacted:
Lafayette Life Affiliation (Contracted agent, Uncontracted agent, IMO, other) _____

Agent/Agency Name _____

Address _____

Phone _____ Fax _____ Email (required) _____

Date proposal needed _____

Fax or email your completed proposal requests to a Pension Sales Consultant at Lafayette Life:

Proposal-request@llic.com, Fax Number 513-362-2473, Phone Number 513-362-4900



**Proposal Request Form
Client Review Topics**

Review the following questions with your client and submit along with the completed Proposal Request Form to Lafayette Life's Retirement Services Department. With these tools, we can assist you and the client in the design of a retirement plan that will help meet the client's needs.

Answer Yes or No to the following questions:

Does the client...

- _____ Need a long-term savings program to shelter income and save for retirement?
- _____ Need a larger tax deduction?
- _____ Own a profitable business (C or S corporation, partnership, sole proprietorship, LLC, LLP)?
- _____ Have cash flow to fund a pension benefit with required annual contributions?
- _____ Have cash flow to fund discretionary contributions?
- _____ Want to maximize benefits for owners and key employees?
- _____ Need life insurance to provide a pre-retirement death benefit with tax-deductible premiums?
- _____ Have an existing retirement plan? If yes, provide details.
- _____ If the client currently has a plan, does it meet the employer's retirement objectives?

Employer's Retirement Plan Objectives:

Additional Comments \ Information: