



RETIREMENT PLAN FACT FINDER – Owner Only Plan

Company Name: _____

Address, City, State, Zip: _____

Main Contact: _____ Title: _____

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

Tax ID# _____ NAICS Number (6 digit business code found on corp tax return): _____

Industry Type: _____

Date Business Commenced: _____ Company Tax Year-End: _____

Business Entity Form: () Corporation () S Corp () Partnership* () LLC* () Sole Prop* *Taxed as: _____

	Owner	Owner 2 (if applicable) OR Spouse (If participating)
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

Does the spouse have ownership in any 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 you have any employees? () NO () YES – If yes: () Children () Other, please explain: _____

- *If yes, did any of them work 500 hours or more during the year? () NO () YES*

Do you anticipate hiring any employees in the upcoming year? () NO () YES

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

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