

Data Collection Questionnaire

Company Name:	
EIN:	
Address:	
Phone:	
Fax:	
Main Contact Name / Email Address:	

Business Entity Type

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC taxed as a _____
<input type="checkbox"/> S-Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____

Plan Year End _____

Tax/Fiscal Year End _____

List any specific goals or intentions for the proposed retirement plan
 (i.e. maximize the annual contribution for the owner or certain "key" employees, targeted total contribution, HR tool to attract/retain employees, etc.)

<u>Ownership Breakdown</u>	<u>Name</u>	<u>%</u>	<u>Name</u>	<u>%</u>
- Owner 1	_____		- Owner 4	_____
- Owner 2	_____		- Owner 5	_____
- Owner 3	_____		- Owner 6	_____
- Spouse / Children / Parents of Owner (employed by or involved with company operations)				

Do owners have ownership in any other business(es)? If so, provide business and breakdown of ownership.				
	<u>Owner</u>		<u>Company Name</u>	<u>%</u>
	_____		_____	_____
	_____		_____	_____
	_____		_____	_____

Contacts (name of responsible party)

- Day to Day Items _____

- Trustee/Authorized Signer _____

Payroll Provider _____

Payroll Frequency _____

Accountant

- Firm Name _____

- Contact Name _____

- Phone _____

- Email _____

Investment Advisor

- Firm Name _____

- Contact Name _____

- Phone _____

- Email _____

Attorney

- Firm Name _____

- Contact Name _____

- Phone _____

- Email _____