

**INDEPENDENT ACTUARIES, INC.**

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**NEW CLIENT INFORMATION AND STUDY REQUEST FORM**

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Type of Business Entity:     C Corporation             S Corporation             LLC             LLP

If LLC or LLP, specify federal tax election:  Corporation     Partnership            Business Code: \_\_\_\_\_

Date Fiscal Year Ends: \_\_\_\_\_ Proposed Date Plan Year Ends: \_\_\_\_\_

List all Owners or Officers:

<u>Name</u>	<u>Percent Owned</u>	<u>Employee?</u>	<u>Officer?</u>	<u>Title</u>

List all Employees who are related to any Owner:

<u>Name</u>	<u>Relationship</u>	<u>Owner Related to</u>

Has the employer ever sponsored any other plan qualified under section 401 of the Internal Revenue Code? \_\_\_\_\_  
If yes, we will request additional information.

Is the employer a member of a Controlled Group of businesses or an Affiliated Service Group as defined in sections 414(b) and 414(m), respectively, of the Internal Revenue Code? \_\_\_\_\_. If yes, we will request additional information.

Desired deductible contribution  
First fiscal year (ending \_\_\_\_\_)            \$ \_\_\_\_\_  
Subsequent years            \$ \_\_\_\_\_

Is deduction expected to reduce owners compensation? \_\_\_\_\_

At what age would the owner(s) like to retire? \_\_\_\_\_

Who or what kind of employees should benefit most?  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of your:  
Accountant \_\_\_\_\_

Attorney \_\_\_\_\_

Investment Advisor (if any) \_\_\_\_\_

Please provide the employee information requested on the reverse. Use whatever format or media is convenient.

Study must be completed by \_\_\_\_\_ for meeting with client on \_\_\_\_\_

Mailing/delivery instructions \_\_\_\_\_

