

**INDEPENDENT ACTUARIES, INC.**

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**NEW CLIENT INFORMATION AND STUDY REQUEST FORM**

**Sole Proprietors and Partnerships**

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Employer Name \_\_\_\_\_ EIN \_\_\_\_\_

Employer Address \_\_\_\_\_

Phone \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business Entity:  Partnership  Sole Proprietorship Business Code: \_\_\_\_\_

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 business 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 December 31, \_\_\_\_\_ \$ \_\_\_\_\_

Subsequent years \_\_\_\_\_

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 on the reverse. Use whatever format or media is convenient.

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

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

