

INDEPENDENT ACTUARIES, INC.

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NEW CLIENT INFORMATION AND STUDY REQUEST FORM

Prepared By: _____ Date: _____

Employer Name: _____ EIN: _____

Employer Address: _____

Phone: _____

e-mail: _____ 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 _____

Independent Actuaries, Inc. New Client Information and Study Request Form

Employer Name: _____

Please provide the information requested below for all employees as of _____ Date

		(m/d/yy)	(m/d/yy)	(m/d/yy)	(m/d/yy)	(m/d/yy)
for fiscal year ending*:						
Name	Date of Birth	Compensation	Compensation	Compensation	Compensation	Compensation
	Date of Hire	Hours	Hours	Hours	Hours	Hours
<i>S A M P L E</i>		<i>12/31/13</i>	<i>12/31/12</i>	<i>12/31/11</i>	<i>12/31/10</i>	<i>12/31/09</i>
<i>Julie Smith</i>	<i>3/4/58</i>	<i>\$35,200</i>	<i>\$32,950</i>	<i>\$30,100</i>	<i>\$14,600</i>	<i>N/A</i>
	<i>6/29/07</i>	<i>2,000</i>	<i>2,000</i>	<i>2,000</i>	<i>1,010</i>	<i>N/A</i>

* Compensation history for other than owners is not essential at this time but may be important for owners in plan design. If compensation was higher more than four years ago than what is shown above, attach additional information.