

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:

Table with 5 columns: Name, Percent Owned, Employee?, Officer?, Title. Includes three blank rows for data entry.

List all Employees who are related to any Owner:

Table with 3 columns: Name, Relationship, Owner Related to. Includes three blank rows for data entry.

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 _____

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

Employer Name: _____

Please provide the information requested below for *each* owner/partner. Make or request additional copies of this page if necessary. Include only earned income derived from the trade or business with respect to which the plan is to be established.

Name: _____

Date of Birth: _____ Date of Hire: _____

Year	Net Self-Employment Earnings <u>Before</u> Any Pension Contributions	Keogh or SEP Plan Contributions (excluding 401(k) contributions)	401(k) contributions	W-2 Salary (as an Employee of an Unrelated Employer)	Contributions to a Tax Sheltered Annuity (403(b))

Please provide the information requested below for all other 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.