



EMPLOYER INFORMATION AND STUDY REQUEST FORM

Completed by: _____ Date: _____

Depending on the answers below, additional information may be requested.

Employer Name: _____

Type of Business Entity: Partnership Sole Proprietorship Professional Service Corporation
 C Corporation S Corporation LLC Other _____

If LLC, taxed as: Partnership Sole Proprietorship C Corporation S Corporation

Date Fiscal Year Ends: _____ Plan Year (if different): _____

Date Business was established: _____

Please list all individuals who are officers, owners, partners or stockholders. Also list any of their family members who are employees. Please attach additional pages if necessary.

Name	Percent Owned / Relationship

Does any owner, partner or stockholder or the spouse of an owner, partner or shareholder of the employer have ownership in any other business that will not be covered by this new plan?

No Yes If yes, please explain: _____

Does the employer currently sponsor another qualified retirement plan (e.g. SIMPLE IRA, SIMPLE 401(k), SEP, 401(k), Profit Sharing, Defined Benefit, Cash Balance)?

No Yes If yes, type of plan: _____

Did the employer previously sponsor a Defined Benefit plan? No Yes

Who or what owners/partners/employees should benefit most? _____

What is the desired deductible contribution:

For the first fiscal year (ending _____) \$ _____

For subsequent years \$ _____

Other objectives or general information? (e.g. how long do you want to make contributions, are there any plans to sell the business, are there expected changes in the employee group?) _____