

INFORMATION FOR SET-UP OF NEW PLAN

EMPLOYER DATA	COMPANY NAME:					
	STREET ADDRESS:					
	CITY:		STATE:		ZIP:	
	PHONE:		CONTACT:			
	NATURE OF BUSINESS:		EIN:		FISCAL YEAR END:	
	TYPE OF ORGANIZATION: (Corp/S Corp/Partnership/Sole Proprietorship/Other)					
	STATE IN WHICH INCORPORATED:			DATE OF INCORPORATION:		

	NAME		TITLE		% OF STOCK OWNED

PLAN CONSIDERATIONS	WHO SHOULD RECEIVE THE MAXIMUM POSSIBLE BENEFITS?					
	<input type="checkbox"/> Owner Employees/Shareholders		<input type="checkbox"/> Key Employees		<input type="checkbox"/> All Employees	
	CAN EMPLOYER MAKE A CONTRIBUTION EACH YEAR?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$
	WHAT AMOUNT OF CONTRIBUTION FLEXIBILITY IS DESIRED?					
	PLAN BUDGET:					
	OTHER COMMENTS/OBJECTIVES:					

EXISTING PLAN INFORMATION	Does the Employer have any existing Plans*?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, provide name of plan:				
	PLAN TYPE: (Defined Benefit, Money Purchase, Profit Sharing, Target Benefit, 401(k), Other)				
	WILL ANY NEW PLAN:		<input type="checkbox"/> Replace existing plans	<input type="checkbox"/> Be in addition to existing plans	
	WILL RPAS TAKE OVER ADMINISTRATION OF EXISTING PLANS?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	WILL THE PLAN HAVE MAXIMUM LIFE INSURANCE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, list products:				
	HAS THE EMPLOYER SPONSORED ANY PLANS WHICH HAVE BEEN TERMINATED AND ALL ASSETS DISTRIBUTED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, give details on separate sheet)				
	WILL RPAS TERMINATE ANY EXISTING PLANS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, Please explain:				

*Existing plans includes terminated plans where assets have been distributed or where a wasting trust remains.

ADDITIONAL EMPLOYER INFORMATION

PREDECESSOR BUSINESS	NAME OF BUSINESS:					
	TYPE OF ORGANIZATION: (Corp/ S Corp/ Partnership/Sole Proprietorship/ Non-Profit/ Other)					
	DATE ESTABLISHED:			DATE OF TRANSFER:		
	QUALIFIED PLAN ESTABLISHED?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
	IF YES, PLEASE FURNISH DETAILS:					
RELATED BUSINESS ENTITIES	Do the owners of this corporation have an ownership interest in any other corporation, partnership, or sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please furnish details:					
	Is this business affiliated with any other business entity?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If YES, please furnish details as to type of business and ownership interests:					
EMPLOYER CHARACTERISTICS	Are any employees LEASED from a leasing business or other business entity?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If YES, please furnish complete details as to the number of leased employees, type of work, and hours work:					
	Are the services of any employees SHARED with another business or person?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If YES, please furnish details:					
Total number of non-union and union employees at current fiscal year end:			Non-union		union	

Prepared by: (Employee of Company)

Signature

Name

Title

Date