



Personal Service is Our Hallmark

Retirement Plan Administrative Service, Ltd.

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RETIREMENT PLAN FEASIBILITY STUDY

Minimum Information Required for Feasibility Study, in Addition to Completion of Employee Census Attachment

Employer Name:

Key Contact Person:

Employer Address:

E-Mail Address:

Telephone Number:

Fax Number:

Employer Entity: [] Sole Proprietorship [] C Corporation [] S Corporation [] Partnership [] Church [] Limited Liability Company [] Professional Service Corporation [] Non-Profit Corporation [] Governmental Entity [] Other:

Date of Employer's Next Fiscal Year End:

Employer is a Member of: [] Controlled Group of Entities* [] Affiliated Service Group* [] N/A

*If either applies or you are not sure, more information will need to be provided, including names and types of entities, shareholders and ownership interests of all business entities with employees.

Current Plan Name:

[] No Current Plan

Plan Type/Features: (Check All That Apply) [] 401(k) [] Profit Sharing [] Safe Harbor [] 403(b) [] New Comparability [] Defined Benefit [] ESOP [] Other:

Name(s) of Other Existing Qualified Plan(s):

[] No Other Plan

Employer's Reason(s) for Establishing Retirement Plan: [] Tax Deduction [] Retirement Security for Employees [] Attracting and Keeping Employees [] Tax-Preferred Benefit for Key Employees [] Other:

For Existing Retirement Plan(s), What are Areas You Would Like to Improve? (Check All That Apply)

[] N/A - No Current Plan [] Investments - Performance/Choice [] Benefits for Key Employees [] Service Quality [] Administrative Fees [] Employee Appreciation [] Controlling Benefits for Non-Key Employees [] Other:

Contribution Desired: [] Maximum Allowed [] Specific Target Amount of \$ This Year [] Target Range of \$ to \$ Per Year [] For Defined Benefit Plans Only, Can Plan Sponsor Commit to Fixed Annual Contribution Requirement: [] Yes [] No [] N/A [] Other:

Financial Advisor:

Name:

Firm Name:

Phone Number:

E-Mail Address:



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Employee Census Information (Required)

Complete Employee Census for Defined Contribution Plan, 401(k) Plan, SIMPLE 401(k), Defined Benefit Plan , SIMPLE IRA, SEP or SARSEP.

Page Number of

Employee Census For (Employer Name)
Date Completed

Employee Name (Last, First)	Date of Birth (Month/Day/ Year)	Date of Hire (Month/Day/ Year)	S e x	Social Security Number	Annual Compensation (1)	Hours Worked (2)	401(k) or SIMPLE Plan Only – Deferral (3)	Family Member (X if Yes) (4)	Ownership	Officer (X if Yes)
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	
					\$				%	

(1) Compensation is gross amount for entire year and includes amounts eligible for W-2 compensation (or net earned income) plus any elective deferrals (e.g., 401(k), cafeteria plan); (2) Hours worked is exact number for year or code (499 = 500 or less hours worked, 999 = 501 to 999 hours worked, 1000 = 1,000 or more hours worked); (3) 401(k) or SIMPLE Plan expected annual deferral (show \$ or % of compensation); (4) Family member: X only if employee is a spouse, child, parent, grandchild or grandparent of a more than 5% owner.

Submitted by:
(Signature)

Title: