

**REQUEST FOR PROPOSAL
 CONFIDENTIAL INFORMATION WORKSHEET**

Legal Name of Business _____

Business/Industry _____

Address: _____
Street *City* *State* *Zip*

Contact Person _____ Tel # : (_____) _____

Date Business Started _____ Fax # : (_____) _____

E-mail address: _____ Company Fiscal Year End _____
Required *(mm/dd)*

Employer Tax ID No. _____ Plan Tax ID No. _____
Required (Not a Social Security Number) *(provide if available)*

Name of Plan Trustee(s): _____
Enter Name(s) to be listed as Trustee of the Retirement Plan

Federal + State Tax Bracket of Entity (%) _____ Anticipated changes in Entity Form (Y/N) _____

Corporate Tax Position: ___ Net Operation Loss ___ Sporadic ___ Growing

Retained Earnings (Y or N) ___ **If Yes, Amount** _____ **Earmarked ?** _____

Bonuses or Incentive Comp (Y or N) ___ **If yes, how often?** _____

Entity Form:

- | | | | |
|--------------------------------------|----------------------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> C Corp | <input type="checkbox"/> Professional Service Corp | <input type="checkbox"/> S Corp | <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust | <input type="checkbox"/> LLC |

List all family members of the shareholders/owners who are employed by the company:

Owner's Name	Family Member's Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Existing Retirement Plan(s):

- | | | |
|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Defined Benefit Pension Plan | <input type="checkbox"/> Cash Balance Plan | <input type="checkbox"/> SEP |
| <input type="checkbox"/> 401(k) Plan | <input type="checkbox"/> Profit Sharing Plan | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> Money Purchase Pension Plan | <input type="checkbox"/> Cross-Tested / Tiered Plan | |
| <input type="checkbox"/> ESOP | <input type="checkbox"/> Non-Qualified Plan | |

Requested Contribution Illustrations:

- | | |
|----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Maximum Allowable | <input type="checkbox"/> Specific Dollar Amounts: \$ _____ |
| <input type="checkbox"/> Percent of Payroll _____% | <input type="checkbox"/> Other _____ |

Employer's Objectives in Establishing a Retirement Plan: (Please check all that apply)

- | | |
|--------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Maximize benefits to Owners | <input type="checkbox"/> Reduce employee turnover |
| <input type="checkbox"/> Reduce income tax liability | <input type="checkbox"/> Benefit other key employees |
| <input type="checkbox"/> Provide retirement benefits for employees | <input type="checkbox"/> Promote employee moral |
| <input type="checkbox"/> Allow for employee contributions | <input type="checkbox"/> Union employee plan |
| <input type="checkbox"/> Other _____ | |

Are there any non-shareholder employees key to your business (Y/N and names) _____

Would you like access to retirement funds prior to age 59 ^{1/2} ? Y / N

Are key employees able to participate at max. levels in your retirement plan Y / N

ADVISORS

CPA _____	Tel #: (_____) _____
<i>Name</i>	
Attorney _____	Tel #: (_____) _____
<i>Name</i>	
Financial _____	Tel #: (_____) _____
<i>Name</i>	
Advisor _____	Tel #: (_____) _____
<i>Name</i>	
Insurance _____	Tel #: (_____) _____
<i>Name</i>	
Payroll Co. _____	Tel #: (_____) _____
<i>Name</i>	

<u>For Internal Use (Do not complete):</u>		Plan Name: _____	
Effective Date: _____	Plan # _____	Plan Yr. Begins _____	Plan Yr. Ends _____
Due Date _____	Extension (Y/N) _____	Category _____	Type of Contact _____

Any Questions call:
Sal Kargodorian at (818) 587-4255

Fax Completed Information (3 PAGES) to:
Sal Kargodorian at (818) 587-2982

**REQUEST FOR PROPOSAL
CONFIDENTIAL INFORMATION WORKSHEET**

FAX COMPLETED FORM (3 PAGES) TO : (818) 587-2982

COMPANY NAME: _____

PAYROLL INFORMATION

Name	Key*	Sex	Date of Birth	Date of Employment	Annual Compensation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

FAX COMPLETED FORM (3 PAGES) TO : (818) 587-2982

*Please list all employees with more than 500 hours of service per year. Under "Key" Column please insert the following codes: O = Owner, Partner or Shareholder F = Family member of Owner P = Part time Under 1,000 hours. Under Annual Compensation, please include all overtime, bonuses and commissions.