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PLAN DESIGN CONSULTANTS, INC.
RETIREMENT PLAN FACT FINDER

***GENERAL INFORMATION*:** (Note: If multiple entities sponsor one plan, copy this form and provide data for each entity)

Name of Business: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Client Contact: _____

Business Phone Number: _____ E-mail Address: _____

Nature of Business: _____

Business tax year-end (month/day/year): _____

Employer ID number: _____

Date Business Started (month/day/year): _____

If Incorporated, date incorporated (month/day/year): _____

Name of Principal: _____ Title: _____ Ownership: _____%

Name of Principal: _____ Title: _____ Ownership: _____%

Name of Principal: _____ Title: _____ Ownership: _____%

Name of Principal: _____ Title: _____ Ownership: _____%

***PLAN INFORMATION*:**

Plan year if other than business tax year (month/day/year): _____ to: _____

Business Type:

- ☐ Regular corporation
- ☐ Proprietorship
- ☐ Professional corporation
- ☐ LLC
- ☐ Other (explain) _____
- ☐ Sub-S corporation
- ☐ Partnership
- ☐ Non-profit/501 (c)(3)
- ☐ Non-profit-Other

Number of Employees: _____

Is the business associated with any other business by common ownership or by maintaining an affiliated service group?

☐ Yes ☐ No

If yes, please attach a complete description of common ownerships and affiliations.

Is there a union with which retirement benefits have been the subject of good-faith bargaining?

☐ Yes ☐ No

If yes, will bargaining employees be included in this plan?

☐ Yes ☐ No

If bargaining employees are to be included, please attach a copy of the union's collective bargaining agreement.

Does the employer currently have a qualified pension plan?

☐ Yes ☐ No

If yes, specify type of plan: _____

JD Carlson, Paul Carlson or Rich Viola (650) 341-3322 Fax: (650) 341-7409
Plan Design Consultants, Inc. 1810 Gateway Drive, Ste. 300, San Mateo, CA 94404

Has the Employer ever had a qualified retirement plan?

☐ Yes ☐ No

If yes, specify type of plan: _____

Does the employer utilize or provide leased employees?

☐ Yes ☐ No

Is this proposal:

☐ a new plan including administrative services and funding:
census data requested? (Name, DOB, DOH, annual compensation)

☐ a takeover plan including administrative services and funding

Checklist of helpful information needed for takeover proposal:

A copy of the latest enrollment package that is given to new employees
Plan documents – adoption agreement, any amendments
Plan participant valuation (statement of assets, account balances by fund/source, vested percentages)
Copies of most recent plan year nondiscrimination and top-heavy tests
Investment contract and related documents
Census data

If this is a takeover, approximately how much are they paying annually for administrative services? _____

Who handles the administration now? (5500's, ADP test, participant statements, etc.) _____

Select the two most important objectives::

☐ Maximum tax deduction
☐ Pre-tax savings for employees
☐ Attract and retain employees
☐ Reward key employees
☐ Reward long term employees
☐ Reward all Employees
☐ Motivate employees
☐ Shifting costs to employees
☐ Other _____

Estimated amount of annual recurring contributions: _____

Estimated existing plan assets available for transfer: _____

Where are the investments now? _____

Are there any current surrender charges? ☐ Yes ☐ No If yes, _____%

Who will make the investment choices:

☐ The employer (or trustee) will direct all investments
☐ Each plan participant will direct all investments for their retirement account
☐ Other: _____

Payroll Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Investment Professional Information

Name: _____

Firm: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ B/D: _____

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Employee Census for: _____ (company name)

Name	Date of Hire	Date of Birth	Approx. Annual Compensation	Hours Per Week or Full Time (FT)

Important: Indicate any family relationships that exist between the above employees!

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