



PROPOSAL REQUEST FORM

Name of Employer: _____

Plan Name (if applicable): _____

Contact Person (for calls & corres.): _____

Mailing Address: _____

City, State, ZIP: _____ County: _____

PH #: (____) _____ FAX #: (____) _____ Alternate PH #: (____) _____

Plan y/e: ____/____ Fiscal y/e: ____/____ Date Business Started: _____ Date of Incorp. _____

Type of Business: _____ Business Code(6digits): _____

Type of Entity (Check one) "C" Corporation Prof. Serv. Corp. "S" Corporation
 Partnership Sole Proprietor Other: _____

Officers: President _____ Secretary _____

Vice President _____ Treasurer _____

Have the officers changed in any way at any time during the last five years? Yes No

Does the owner have any employed family members? If yes, please list names and relation to the owner:

Stockholders, Sole Proprietor of Partners:

_____ % _____ %

Do you currently have a qualified plan? If yes, please list what type and who is your investment provider: _____

Is the purpose of the plan to attract and retain employees? _____

Is the owner looking to maximize his plan contribution while minimizing the cost for the employees? _____

Is the company planning to make contributions to the employees? _____

OTHER CLIENT OBJECTIVES: (Please be detailed) _____

