

Pension Questionnaire & Census – Fax to (800) 680-5596 or email to sales@lifesolutionsonline.com

Name _____ Title _____

Phone _____ Ext _____ E-mail _____

Name of Company/Business _____

Address _____

City _____ State _____ Zip _____

Type of Entity (check one)	<input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Non-profit	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> LLC taxed as corporation <input type="checkbox"/> LLC taxed as sole proprietor/partnership
-------------------------------	---	--	--

Date Business Began _____ Business Tax Bracket _____ %

Tax Year of Business from _____ To _____

Do any owners of this business have ownership interest in any other business? Yes No

If yes, please provide details _____

Rank the importance of the Business objective in establishing a retirement plan: 1 = Low 5 = High
(please circle a number)

Maximize Total Contribution	1	2	3	4	5
Maximize Contribution to Owner	1	2	3	4	5
Minimize Contribution to Employees	1	2	3	4	5
Favor Certain Employee Groups	1	2	3	4	5
Flexibility of Contributions	1	2	3	4	5
Employee Retention/Incentive	1	2	3	4	5

List other objective(s) _____

Type(s) of plans being considered (Check All That Apply)

<input type="checkbox"/> 401(k) <input type="checkbox"/> Safe Harbor 401(k) <input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> 412(e)(3)	<input type="checkbox"/> SEP or SIMPLE IRA <input type="checkbox"/> Check here if unsure – we will do the rest!
---	---	---

Business Income: Consistent Variable Employee Turnover: High Low

Desired amount of annual contribution (dollar amount or percentage of payroll): _____

Type of Existing Plan:

<input type="checkbox"/> 401(k) / Profit Sharing <input type="checkbox"/> Profit Sharing Only <input type="checkbox"/> SEP or SIMPLE IRA	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> 412(e)(3) <input type="checkbox"/> Other
--	--

Current Plan Year from _____ To _____

Total current annual contribution _____ Current value of plan assets _____

Name of current provider _____

What do you like most about your plan? _____

What do you like least about your current plan? _____

Census of Owners

Name	Date of Birth	Date of Hire	Owner Percent	Tobacco Use?	Current Salary	Last Prior Year Salary	2 nd Prior Year Salary	3 rd Prior Year Salary

Census of Employees

Name	Date of Birth	Date of Hire	Salary	Tobacco Use?	Relationship to Owner	Part-time?

Note: Part Time means that the employee works less than 1,000 hours per year.

Fax to (800) 680-5596 or email to: sales@lifesolutionsonline.com