

**Section #1 - Employer Information**

Please complete this section for all proposal requests

Name of Employer \_\_\_\_\_

Type of Employer Entity

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> "C" Corporation                                      | <input type="checkbox"/> Sole Proprietorship                                  | <input type="checkbox"/> Not For Profit     |
| <input type="checkbox"/> "S" Corporation*                                     | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Gov't/Municipality |
| <input type="checkbox"/> Limited Liability Corp. (LLC) taxed as a corporation | <input type="checkbox"/> Limited Liability Corp. (LLC) taxed as a partnership | <input type="checkbox"/> Professional Corp. |

\*Show W-2 Income only on Census Data

Date the Business was Organized/Incorporated: \_\_\_\_\_

Business Tax Bracket: \_\_\_\_\_

Tax Year of the Employer: From: \_\_\_\_\_ To: \_\_\_\_\_

Estimated Employee turnover:  High  Low  Variable

Have Business Profits been stable over the past three years?  Yes  No

**Employer Priorities**

Rank the importance of each area to your client (1-low - 5 high). Circle the number that best represents your client's objective.

	Low.....	High
Favor Business Owner	1 2 3 4 5	
Provide an employee benefit	1 2 3 4 5	
Encourage long term employment (vesting)	1 2 3 4 5	
Flexible contributions	1 2 3 4 5	
Opportunity for pre-tax salary deferrals	1 2 3 4 5	
Low Operating /Administration Costs	1 2 3 4 5	
Life Insurance as an Investment Opportunity	1 2 3 4 5	

**Section #2 - General Plan Proposal Information**

Please complete this section for all proposal requests

Contribution amount. What is the budget amount that the client wants to spend (specify amount or percentage of payroll)? \_\_\_\_\_

For what tax year is the employer looking to take a tax deduction for this plan? \_\_\_\_\_

Is this a new plan design?       Yes       No

Has the Employer ever had another tax-qualified plan?\*       Yes       No

Is the employer looking to modify an existing plan?\*       Yes       No

\* If yes, please complete Section #7 of the fact find so that a description is provided for the existing plan including the employer's annual contribution rate, which employees participate, plan type & whether the plan is still in effect.

Does the Employer or any family member of the Employer have any ownership interest in any other business?\*\*       Yes       No

\*\*If yes, complete Section #8 of the fact find listing each organization and providing details on owners and their percentages of ownership for each organization

Date the proposed plan will begin:    mo./day/yr. \_\_\_\_\_



**Section #4 - Supplemental Plan Design Information**

Supplemental section. Complete only if requesting specific plan design features

**Pension and Profit Sharing**

(Please complete this part when requesting a pension or profit sharing proposal)

Pension and Profit Sharing proposals will be run with the following " standard" assumptions unless you indicate otherwise:

Eligibility:	Age 21 and 1 year of service, entry twice per year
Normal Retirement Date:	Age 65 or, if later, the 5 <sup>th</sup> anniversary of the first day of the plan year participation in the plan commenced.
Fund Interest Rate:	8%

Other assumptions requested: \_\_\_\_\_

**Simplified Employee Pension Plan (SEP)**

(Please complete this part when requesting a SEP proposal)

SEP proposals will be run with the following " standard" assumptions unless you indicate otherwise:

Eligibility	Age 21 with 3 years of service
Fund Interest Rate	8%

Other assumptions requested: \_\_\_\_\_

**SIMPLE Plan**

(Please complete this part when requesting a SIMPLE proposal)

The SIMPLE proposal will be run with the following " standard" assumptions unless you indicate otherwise.

Eligibility	All employees who received at least \$ 5,000 in the preceding year and are expected to earn at least \$ 5,000 in the current year
Mandatory Employer contribution	Match will be 100% up to 3% of pay
Expected Highly Compensated Employee salary deferral	Year 2005: \$10,000
Expected Non- Highly Compensated Employee salary deferral	3%

Other assumptions requested: \_\_\_\_\_

## 401(k) Plan Proposal

(Please complete this part when requesting a 401(k) proposal)

Indicate the expected average salary deferral for the Non- Highly Compensated employees (usually 2-5%)

1%  2%  3%  4%  5%  6%  7% \_\_\_\_\_ % (other)

Indicate the expected average salary deferral for the Highly Compensated employees

2%  3%  4%  5%  6%  7% \_\_\_\_\_ % (other)

(Note: If nothing is indicated, the maximum salary deferral will be calculated based on the average salary deferrals for the Non-Highly Compensated employees)

Does the employer want to match the employees' salary deferrals?  Yes  No

If yes, indicate % of match:

100%  75%  50%  25% \_\_\_\_\_ % (Other)

To a maximum \_\_\_\_\_ % (if desired)

Does the employer want to make a profit sharing contribution to the plan?

Yes \_\_\_\_\_ (specify amount or percentage of payroll)  No

**Section #5 - Supporting Plan Data for existing Defined Contribution Plans, 401(k) Plans and Defined Benefit Plans**

Supplemental section. Complete only if providing information on an existing defined contribution plan, 401(k) plan or defined benefit plan

Plan Year-End (PYE) \_\_\_\_\_ Fiscal Year-End (FYE) \_\_\_\_\_

1. What type of plan does the client currently have? \_\_\_\_\_

2. What is the current plan design? \_\_\_\_\_

If this is a 401(k), is there a matching contribution? \_\_\_\_\_

If yes, what is the formula? \_\_\_\_\_

Is there a discretionary contribution? \_\_\_\_\_

If yes, what is the formula? \_\_\_\_\_

What is the average deferral of the non-highly compensated employees? \_\_\_\_\_

3. What are the eligibility requirements? \_\_\_\_\_

4. What are the current annual contributions? \$ \_\_\_\_\_

5. What is the current value of plan assets? \$ \_\_\_\_\_

6. What does the client dislike about the current plan? \_\_\_\_\_

7. What does the client like about the current plan?  
\_\_\_\_\_

8. Obtain a copy of the Summary Plan Description

9. Where are the assets currently held? \_\_\_\_\_

10. Who is your current plan provider or administrator? \_\_\_\_\_

11. Is there life insurance in the plan? \_\_\_\_\_

12. If this is a defined benefit please provide a copy of the latest annual actuarial valuation.

13. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Be sure that the compensation furnished is in accordance with the definition of compensation under the provisions of the plan for the purpose of benefit determination.

## Section #6 – Controlled Group Review

Supplemental section. Complete this section only if providing information on any ownership interest in another business.

If it is determined that if a controlled group situation may exist, please be prepared to complete sections #1 - #3 for each business entity. The section is a worksheet to recognize the potential of a controlled group situation. The final determination should be made between the client and their attorney or tax advisor.

	Check if owner & spouse (or former spouse) have children under age 21.	Company A %	Company B %	Company C %	Company D %
Type of Employer Entity (See section #1 for types)					
Owner #1					
Owner #1 – Spouse					
Owner #2					
Owner #2 – Spouse					
Owner #3					
Owner # 3 - Spouse					
Owner # 4					
Owner #4 – Spouse					

The Benefits Design Group does not provide tax and legal advice, and recommends that legal and tax issues be reviewed with legal counsel or your tax advisor. You should review any information that we give you with your attorney or tax advisor for its applicability to your particular circumstances