

PensionSpecialist.Net

888.412.4120
Bill@PensionSpecialist.Net

200 N. Denning Drive, Suite 3
 Winter Park, FL 32789

Confidential Survey Data

ADVISOR INFORMATION

Name	Email	Phone

BUSINESS INFORMATION

Legal Name of Firm	EIN

Principal Contact Name	Email

Address

City	State	Zip

Phone	Fax

Additional Contact Name	Additional Contact Email

Type of Business Entity: Corporation Partnership Sole Proprietorship
 File as Sub Chapter "S" Corporation: Yes No

Fiscal Year End	Business Code

Corporate Profit Last Two Years:

20_		20_	
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Officers, Owners, Directors

Please enter in the spaces below the name of each owner, officer and director of the Primary Employer

Name	Ownership %	Title

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer, please list them below.

Name	Relative of	Relation

Related Employer Determination

The IRS considers all employers that are part of a controlled group or affiliated service organization as a single employer (even if you are self-employed and own stock/shares or are affiliated with another "related" business). It is extremely important you provide us with information about all employers that are related, particularly if they have

employees. We recommend that you consult with your tax attorney/CPA before answering the following questions if you are unclear about the answers to the questions below.

Is the Primary Employer a member of a controlled group of businesses? Yes No
 Is this employer affiliated with any other employer as part of an affiliated service group? Yes No

Business Name

EMPLOYEE INFORMATION

Do you have any employees who perform services for another company and who get W2 from another company or leasing company? Yes No

If "yes," provide us with the name and phone number of the contact of the leasing companies:

Name	Phone

Is the Primary Employer or any Related Employer a member of a Professional Employer Organization (PEO)? Yes No

If "yes" provide us with the name and phone number of the contact at the PEO:

Name	Phone

If "yes", has the Primary Employer or a Related Employer adopted the PEO's qualified retirement Plan? Yes No

Are any employees or group of employees of the Primary Employer, or of a Related Employer, subject to a good-faith collective bargaining agreement, i.e., union employees? Yes No

If "yes", provide us with the name and phone number of the contact of the union:

Name	Phone

If there are union employees, do you want to exclude these employees from the plan design? Yes No

Do you have employees who perform services in Puerto Rico? Yes No

PRIOR OR EXISTING PLAN INFORMATION

Did the Primary Employer or a Related Employer sponsor a qualified plan in the past? If "Yes", Identify below:

	Yes	No	Status	Amount of Last Annual Deposit	Voluntary Contributions	Total Trust Asset Value as of _____
Pension						
Profit Sharing						

Is the Primary Employer or a Related Employer currently contributing for employees in any qualified plan now in operation?

Yes No If yes, please complete the following:

Type:

SEP SARSEP 401(k) Profit Sharing SIMPLE-IRA Defined Benefit Cash Balance

	Status	Amount of Last Annual Deposit	Voluntary Contributions	Total Trust Asset Value as of _____
Pension				
Profit Sharing				

Attestation:

I hereby confirm that the above (and the information on any addendum) is complete and accurate.

Printed Name

Signature

Date

Addendum I

If related employers exist, this addendum must be completed for each additional employer that will have W-2 employees.

BUSINESS INFORMATION

<input type="text"/>		<input type="text"/>
Legal Name of Firm		EIN
<input type="text"/>	<input type="text"/>	
Principal Contact Name	Email	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	
Phone	Fax	

Additional Contact Name	Additional Contact Email
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Type of Business Entity: Corporation Partnership Sole Proprietorship
File as Sub Chapter "S" Corporation: Yes No

<input type="text"/>	<input type="text"/>
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20_ <input type="text"/>	20_ <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer, please list them below.

Name	Relative of	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>