PensionSpecialist.Net

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Bill@PensionSpecialist.Net

1954 Howell Branch Road, Suite 100 Winter Park, FL 32792

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 Co	ntact Email	
Additional Contact Name	7 dartional co	Trace Email	
Type of Business Entity: Corporation	Partnership	Sole Proprietorship	
File as Sub Chapter "S" Corporation:	Yes No		
F'	Desire of Oak		
Fiscal Year End	Business Code		
Corporate Profit Last Two Years:	_		_
20_	20_		
Officers, Owners, Directors			
Please enter in the spaces below the name of ea	uch owner officer and dire	ector of the Primary Employer	
Name	Ownership % Title	color of the Filmary Employer	

Related Employer Determination

Name

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

Relative of

Relation

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.

Yes No Is the Primary Employer a member of a controlled group of businesses? 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:

Phone Name Is the Primary Employer or any Related Employer a member of a Professional Employer Organization (PEO)?

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

Phone Name If "yes", has the Primary Employer or a Related Employer adopted the PEO's qualified retirement Plan?

Yes

Yes

No

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

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?

If yes, please complete the following: Yes Nο

Type:

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

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