



Request for Proposal Kit

We are pleased you have chosen Pension Strategies to provide a proposal for a retirement plan. In order to provide the best plan design to meet your goals, we need a few items:

New Plan:

1. Client Information Checklist (attached).
2. Census of Employees (provide in Excel format if there are more than five employees): If you would like us to show a defined benefit plan or cash balance plan, please provide a 3 year salary history for the key employees. This information can be supplied on the "Census B" form.

Existing Plan Also Provide:

Defined Benefit Plan:

Form 5500, Schedule S-B, Schedule B, annual valuation and census for the prior year. If possible, it would also be helpful to have additional prior years. This information is usually included in the reports prepared by your prior administration firm.

Profit Sharing or 401(k) Plan:

1. Profit Sharing Plan – Eligibility requirements _____
2. 401(k) Plan:
 - a) Eligibility requirements _____
 - b) Safe Harbor: Yes No
 - c) Safe Harbor: 3% or Match
 - d) If Match, please provide matching formula: _____



1. Company Name: _____
 Contact: _____ Phone Number: _____
 E-Mail: _____

2. Plan Year End: _____ Fiscal Year End: _____

3. Employer Entity:

ENTITY TYPE:	
<input type="checkbox"/>	LLC
<input type="checkbox"/>	C Corporation
<input type="checkbox"/>	S Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Proprietorship

TAXED AS:	
<input type="checkbox"/>	C Corporation
<input type="checkbox"/>	S Corporation
<input type="checkbox"/>	P.C.
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietorship

4. Date Business Commenced: _____ Nature of Business: _____

5. Please list for this business:

Names of Owners & Officers*	% of Stock Owned	Title	Family Member?

*Include employees who are related to more-than-5% owners

6. Do you own, control, or manage another business or is this business affiliated with any other business? Yes No

If yes, please complete for each separate business:

Business Name: _____

Names of Owners & Officers*	% of Stock Owned	Title	Family Member?

*Include employees who are related to more-than-5% owners

7. Do you have leased, union or shared employees? Yes No

If you have leased employees, please identify them when you complete the attached census information.

8. Does this business have any prior or existing plans? Yes No

If yes, please complete the Request for Proposal Checklist.



CENSUS OF EMPLOYEES

Company Employee Data

(Plan Name)

(Plan Year End)

Please be sure to include all employees who worked for you during the plan year. If an employee has been re-hired, please list his original hire date and re-hire date.

Employee Name	Compensation For the Period __/__/__ to __/__/__ <i>Include Bonus</i>	Date of Birth	Date of Hire	Date of Term. (if applicable)	Hours (see code below)	<u>401(k) Plans Only</u>	
						Employee Contribution	Employer Match (if applicable)

*Hours Codes:	A = 1,000+	B = 501 – 999	C = <500
---------------	------------	---------------	----------

For Sole Proprietor or Partners, please provide your "Schedule C" or "Schedule K-1" net income and ½ S.E. Tax

Signature of Preparer

Date



 (Plan Name)

 (Plan Year End)

DEFINED BENEFIT PLANS ONLY

Employee Name	Compensation For the Period __/__/__ to __/__/__	Compensation For the Period __/__/__ to __/__/__	Compensation For the Period __/__/__ to __/__/__

Include prior three years of compensation for all owners and highly compensated employees.

 Signature of Preparer

 Date