

Qualified Retirement Plan Fact Finder



**CAPITAL RETIREMENT
PLAN SERVICES, INC**
PLAN DESIGN, CONSULTING, ADMINISTRATION

EMPLOYER INFORMATION

1. Business Name: _____
 2. Address of Business: _____
 City, State and Zip Code: _____

3. Type of Business:
- Sole Proprietor
 - C-Corporation
 - S-Corporation
 - Limited Liability Company (LLC) Taxed as a Corporation
 - Limited Liability Company (LLC) Taxed as a Partnership
 - Limited Liability Partnership (LLP)
 - Partnership
 - Non-Profit Organization
 - Other (Specify) a _____

8. (a) Are there union employees?
 Yes No
- (b) If yes, has there been good faith bargaining for pension benefits?
 Yes No
9. Does this business perform management functions for another organization on a regular basis?
 Yes No
10. Do the owners have any ownership interest in any other businesses? If yes, please supply details below.

4. Date Company established _____

5. Fiscal Year Ends (Month and Day): _____
 Calendar Year: _____

6. Is there a current plan? Yes No

If yes, please describe type of plan (including SEP or SIMPLE):

7. Has the business ever maintained a Plan that is now terminated or frozen?
 Yes No

If yes, please describe type of plan:

| PLEASE INDICATE PERCENTAGE OF OWNERSHIP OF EACH BUSINESS OR PRACTICE BY ALL STOCKHOLDERS (OR OWNER-EMPLOYEES) | | | | |
|---|----------------|----------|----------|----------|
| | % of Ownership | | | |
| | Business | Business | Business | Business |
| | A | B | C | D |
| Owner 1 | | | | |
| Owner 2 | | | | |
| Owner 3 | | | | |
| Owner 4 | | | | |

11. Describe the products or service relationship between each business entity among one another

A. PLAN DESIGN (Check All That May Apply)

| | |
|--|--|
| <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401(k) | <input type="checkbox"/> Cash Balance |
| <input type="checkbox"/> Check this box additionally if you want information on using your qualified retirement funds to purchase life insurance policies held within the Plan | <input type="checkbox"/> Traditional Defined Benefit |

B. CLIENTS BUDGET

Contribution Amount: Total Dollar \$ _____ or _____ % of Payroll

C. GOAL

- Favor the Owners
- Favor Key Employees
- Favor Different Classes of Employees
- Allow for Salary Deferrals
- Allow Maximum Salary Deferrals for Owners
- Provide Maximum Benefits for Owners
- Provide Maximum Tax Benefits
- Provide Maximum retirement benefit

D. Proposed Effective Date: _____

CONFIDENTIAL SURVEY Employee Data



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Employer Name _____

Note: If there are more than 10 Employees, please complete the "Proposal Request Census Template" in Excel format instead of completing the grid below.

| Emp No. | First Name | Last Name | Gender M or F | Birth Date M/D/Y | Hire Date M/D/Y | Annual * W2 Salary | Schedule C or K1 ** income | % of Ownership | Relation to Owner# | Key or Preferred ## | 1,000 Hours Y or N | Classification or Note### |
|---------|------------|-----------|---------------|------------------|-----------------|--------------------|----------------------------|----------------|--------------------|---------------------|--------------------|---------------------------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

Coding Information:

* List W-2 income for S and C corporations, or LLC Taxed as corporation

** List earned income for sole proprietors, partnerships, LLP or LLC Taxed as Partnership

Relationship to Owner – Specify if Child = C, Parent = P, Grandchild = GC, Grandparent = GP, Spouse (include same-sex marriages that were validly entered into in a domestic or foreign jurisdiction whose laws authorize the marriage of two individuals of the same sex, even if the married couple resides in a domestic or foreign jurisdiction that does not recognize the validity of same sex-sex marriages.)

Key or Preferred Person Code: 0=No, 1= Yes (Note to indicate employees which the Plan Sponsor would like to maximize the benefit to - e.g.: usually the owners) ###Indicate whether or not this individual is in a Union = U, a leased employee = L. Provide a job title or clearly defined class (e.g.: management, staff, etc.)

Please send completed Fact Finder to E-mail :

gcathell@capitalretirement.com