



**PENSION  
ASSOCIATES, Inc.**

**Retirement Plan**

# Proposal Request Form

## Client Information (\*Please refer to the dropdown lists for specific choices where indicated.)

Contact Name	Phone	Fax
Email		
Company		
Address	*Type of Business	
	*Taxed as (LLC or LLP only)	
City	State	Zip
County / State of Operation	Business Nature	EIN —
Prior Business	Commenced	Fiscal Yr. End /
Commenced	Fiscal Yr. End	/

## Advisor Information

Contact Name	Phone	Fax
Email		
Company		
Address		
City	State	Zip

## Company Information

1. Is the company part of a Controlled Group?	Yes	No	Unsure
If "Yes" or "Unsure" please describe			
2. Is the company part of an Affiliated Group?	Yes	No	Unsure
If "Yes" or "Unsure" please describe			
3. Does the company have Leased Employees?	Yes	No	Unsure
If "Yes" or "Unsure" please describe			
4. Does the company have Independent Contractors?	Yes	No	Unsure
If "Yes" or "Unsure" please describe			
5. Does the company have Collective Bargaining?	Yes	No	Unsure
If "Yes" or "Unsure" please describe			

Pension Associates ■ 2001 West Main Street ■ Suite 230 ■ Stamford, CT 06902  
P.203-356-0306 ■ F.203-356-1045 ■ [www.pensionassociates.com](http://www.pensionassociates.com)

## Plan Information

**Current Plans** (check all that apply)

Defined Benefit  
 Profit Sharing  
 401(k)  
 Money Purchase  
 Target Benefit  
 SEP  
 Simple-IRA  
 Other \_\_\_\_\_

**Prior Plans** (check all that apply)

Defined Benefit  
 Profit Sharing  
 401(k)  
 Money Purchase  
 Target Benefit  
 SEP  
 Simple-IRA  
 Other \_\_\_\_\_

Date of Termination / Merger

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Plan Assets \$ \_\_\_\_\_

**Proposed Plan**

1. How much would you like to contribute each year? (Total for all employees) \$ \_\_\_\_\_

2. Would you like to maximize the contributions for (check all that apply)

Owners      Key Employees      Non-Highly Compensated Employees      Other \_\_\_\_\_

3. Would you like the plan to include a 401(k) feature?      Yes      No

## Additional Information

Please enter any additional information that would be helpful in designing your new Retirement Plan

## Employee Census

Please fill out the attached Census Form completely and accurately, then return with the Proposal Request Form.



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**Retirement Plan**

# Census Request Form

Company Name \_\_\_\_\_

## Instructions

- List all employees who were employed during the year. Do not include union employees.
- An "Officer" is considered an executive who shares legal liability with the company.
- The "Family Relationship" column should be completed only if the employee is related to an owner or officer of the company.
- Sole Proprietorship \_\_\_\_\_ Net Schedule C \_\_\_\_\_ 1/2 of FICA \_\_\_\_\_ Pension Deduction
- During the proposal design process, we may request additional compensation history in order to maximize benefits.
- Use additional Census Request Forms as necessary.

## Census Information

	Employee Name (Last, First, MI)	Gender (M / F)	Officer? (Y / N)	Owner- ship %	Birth (mm/dd/yyyy)	Hire (mm/dd/yyyy)	Termination (mm/dd/yyyy)	Hours Worked	Total Annual Salary	Job Title	Family Relationship
1											
2											
3											
4											
5											
6											
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