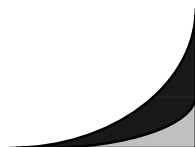


FAX: (858) 748-0615
Attn: Plan Design Department

**PROPOSAL REQUEST FOR A
QUALIFIED RETIREMENT PLAN**



**INNOVATIVE
PENSION**

Strategy & Design

Please submit this form along with a COMPLETED census form. Make sure to PRINT CLEARLY.

ADVISOR INFORMATION

Name of Person Requesting Proposal _____

Phone _____ Fax _____

Today's Date _____ Date Proposal is Needed _____

What kind of proposal should we provide? ☐ administrative pricing only ☐ pricing and illustration of potential contribution amounts

OBJECTIVES

Please check the box or boxes that best describe the goals you are trying to achieve:

- | | | |
|--|--|---|
| <input type="checkbox"/> Reduce Taxes | <input type="checkbox"/> Maximize Contributions | <input type="checkbox"/> Maximize Contributions to Principals |
| <input type="checkbox"/> Add Employee Benefits | <input type="checkbox"/> Reduce Administration Costs | <input type="checkbox"/> Enhance Level of Service |
| <input type="checkbox"/> Add a Pension for Your Spouse (DB Plans Only) | | |

What type of plan design do you anticipate? (Check all that apply)

- | | | | |
|---------------------------------|--|--|---|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> Safe Harbor | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Money Purchase |
| <input type="checkbox"/> 412(i) | <input type="checkbox"/> Defined Benefit | (add <input type="checkbox"/> Integration <input type="checkbox"/> Age-Weighting <input type="checkbox"/> Cross-Testing/New Comparability) | |

PROSPECTIVE CLIENT INFORMATION

Name of Firm _____

Date Business Began _____ Fiscal Year End _____ Number of Employees _____

Type of Entity ☐ Corporation ☐ S-Corporation ☐ Limited Liability Company
☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Organization

Ownership of this Firm (name, %) (Skip this question if you need administrative pricing ONLY.) _____

Do any children, spouses, or parents of the owner(s) work for this firm? (List names of children, spouses, or parents.)
(Skip this question if you need administrative pricing ONLY.) _____

Do any owners of this firm own a portion of any other business? (Skip this question if you need administrative pricing ONLY.)
☐ no ☐ yes (additional information may be necessary)

EXISTING/PRIOR RETIREMENT PLANS

Does this firm currently have a retirement plan? ☐ no ☐ yes - type(s): _____

IF YES: Where are the assets currently held? _____

What is the amount of current assets? _____

Is this proposal for a ☐ Replacement or an ☐ Addition to the current plan(s)?

Has this firm had past retirement plans? ☐ no ☐ yes - type(s): _____

IF YES: When were the prior plans terminated? _____

Company Name _____



Employee Census Form - Current Plan Year Information

Current plan year = _____

<i>employee name (first/last)</i>	<i>OPTIONAL: social security number</i>	<i>total current year compensation</i>	<i>date of birth (mm/dd/yy)</i>	<i>date of hire (mm/dd/yy)</i>	<i>date of termination (mm/dd/yy)</i>	<i>total hours worked</i>	401(k) plans Only current year deferrals	401(k) plans Only current year match	IMPORTANT: Job classification or Description
<i>Please enter payroll totals here:</i>			<i>If you have a current 401(k), please enter totals here:</i>						
1 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
16 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
17 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
18 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
19 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
21 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
22 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
23 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Signed _____ (for the Plan Sponsor)
signature *title*

Date _____