

RETIREMENT PLAN PROFILE WORKSHEET

Name of plan: _____

Name of contact(s): _____

Telephone (office): _____ Fax: _____

Number of company locations: _____ Location(s): _____

Name of CPA: _____ Name of attorney: _____

Organizational structure:

☐ Corporation _____ ☐ Sole proprietor _____

☐ Subchapter S corporation _____ ☐ Other: _____

Number of full-time employees (more than 20 hours per week) _____ Number of part-time employees: _____

Types of employees: Union? ☐ Yes ☐ No _____ Leased? ☐ Yes ☐ No _____ Contract? ☐ Yes ☐ No _____

Is the employer part of:

A controlled group? ☐ Yes ☐ No An affiliated service group? ☐ Yes ☐ No (If not sure, verify with your CPA)

Is the payroll processed: ☐ Internally? ☐ Externally? (payroll service): _____

What other types of benefits does the company provide? _____

What are the two primary objectives of implementing the plan? _____

Has a plan been implemented yet? _____

What are your major concerns about starting a plan? _____

How would you describe your employee turnover? _____

How would you describe your profit history? _____

Is the lack of a retirement plan an issue with your employees? _____

What types of retirement benefits do you want to provide? _____

How do you feel about making contributions to your employees' plans? _____

What is the projected level of employer contributions? _____

How important is a vesting schedule for employer contributions? _____

Will the plan allow employee contributions? _____

What is the expected level of employee contributions? _____

What is your understanding of administrative costs? _____

Can we evaluate your business continuation plan from a retirement plan perspective? _____

When was your business continuation plan last reviewed? _____

What was the result of this review? _____

What type(s) of business-related life insurance coverage do key employees have? _____

Action required as a result of this meeting:

1. _____

2. _____

3. _____