Employee Data

Name of Employer			Date Sheet No			Sheet No			
No.	S.S. Number	Employee Name	Date of Birth	Date of Hire	Sex	Gross A Pay	Officer Y or N	% of F Ownership	amily Group/ Relationship
1		• *						•	•
2									
3									
4									
5									
6									
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8									
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10									
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12									
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25									
26									
27									
28									

For any 5% or more owners assign a letter for that family and identify any family members. For family members of a 5% or more owners indicate the relationship (i.e. son, daughter etc.)

Request for Proposal

1.	Name of Employer Physical Address P. O. Box City/Sate/Zip Telephone/Fax	
2.	Contact Person:	
3.	Form of Business:	Sole Proprietor! Limited Liability CorporationPartnership! Limited Liability PartnershipChurch! Tax-Exempt under 501(c)Governmental! Non-Profit not tax exempt under 501(c)For Profit Corporation! Professional CorporationS Corporation!
4.	Date Business Began:	Fiscal Year:
5.		Percent: Percent: Percent: Percent: Percent: Percent:
6.	Anticipated Effective D	nte:
7.	Report Frequency:	Annual ! Semi-Annual! Quarterly
8.	Number of Employees:	
9.	Estimated Annual Con	ribution:**
10.	Targeted Individuals o	Groups: (1) (2) (3) (4) (5)
11.	Maximum Contributio	desired:
12.	Minimum Contribution	needed:
13.	Employee participation	desired? ! Yes ! No
14.	Do you have leased Em	loyees? ! Yes ! No

15. What do you expect to accomplish by setting up this plan?

a.	Maximize benefit for owners/highly compensated?	!	Yes	!	No
b.	Attract and retain key employees?	!	Yes	!	No
c.	Provide a benefit for all employees?	!	Yes	!	No
d.	Other goals (specify)				

16. Affiliated Companies:

	Company	Owner 1	Owner 2	Owner 3	Owner 4	Owner 5
	Name	∕% Own	/% Own	∕% Own	∕% Own	∕% Own
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
17.	Referred by:					
	Address:					
	City/State/Zip					
	Telephone:					
	Fax:					
18.	Fund Family:					
19.	Asset Manager:					
17.	Address:		· · · · · · · · · · · · · · · · · · ·			
	City/State/Zip	<u> </u>	 -			
	Telephone:					
	Fax:		······			
	1 u.					
20.	C.P.A.					
	Address:					
	City/State/Zip					
	Telephone:					
	Fax:					

*List the 5 largest owners of the employer and the percentages of ownership for each owner

**The amount of money that will be contributed by the employer exclusive of employee contributions. If a range of contributions is needed, enter the range.

Notes:

Complete the attached census form so that we may analyze the employer and provide options tailored to this employer.