

The Pension Specialists, Ltd.

Business Data / Plan Information

A NEW PLAN including plan design, plan document, administrative Services and investment contract.

TAKEOVER an existing plan.

Estimated amount of annual recurring contributions during the first

Contract year: Variable \$ _____ Fixed \$ _____

Estimated assets available to transfer to the successor investment during the first six

Months: Variable \$ _____ Fixed \$ _____

Current funding provider: _____

Are surrender charges applicable? Yes No – Estimated amount or %: _____

Is employer seeking maximum business tax deduction?

Yes No Other – Specify _____

Desired plan type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Target benefit | <input type="checkbox"/> 401(k) Profit Sharing |
| <input type="checkbox"/> Money Purchase | <input type="checkbox"/> Simple IRA | <input type="checkbox"/> Age-weighted Profit Sharing |
| <input type="checkbox"/> Defined Benefit | <input type="checkbox"/> Please call to discuss | |

Will employer provide a matching contribution?

Yes No If yes: _____% of the first _____% of each participant's salary deferral contribution

Will employer provide a discretionary contribution (profit sharing)? Yes No

Does the business wish to commit to a fixed contribution every year? Yes No

Who will make investment election? Trustee Participant Other: _____

List below names and address of Business Advisors, Accountant, Attorney, Financial Planner, etc.

Business Advisor

Accountant

Name: _____

Address: _____

Phone: _____

Attorney

Financial Planner

Name: _____

Address: _____

Phone: _____