



*Request For Proposal*

## Advisor/Agent Information

Name: \_\_\_\_\_

Agent PC (if known): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_, Ext. \_\_\_\_\_, E-mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

## Business Information

Name of Company Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_, Ext. \_\_\_\_\_ Email: \_\_\_\_\_

Type of Entity: "C" Corporation Sole Proprietor LLC taxed as Sole Proprietor/ Partnership

(Check One) "S" Corporation Partnership (Inc-LLP) LLC taxed as Corporation

Non- Profit Other \_\_\_\_\_

Year Business Began: \_\_\_\_\_ Business Tax Bracket: \_\_\_\_\_%

Tax Year of Business from \_\_\_\_\_ To \_\_\_\_\_

## Important Business Information

Controlled Group/Affiliated Service Group Information (if applicable)

Do any owners of this business (or their spouses) have ownership interest in any other business? Yes No

If Yes, please provide details: \_\_\_\_\_

National Pension Partners does not provide tax or legal advice, nor can they render an opinion regarding a controlled group or an affiliated service group situation. Please consult with legal counsel to determine whether or not such a situation exists with your company/business.

## Goals/Objectives

Rank the importance of the Business' objective in establishing retirement plan:

	Low				High
Maximize Total Contribution	1	2	3	4	5
Maximize Contribution to Owner	1	2	3	4	5
Minimize Contribution to Employees	1	2	3	4	5
Favor Certain Employee Groups	1	2	3	4	5
Flexibility of Contributions	1	2	3	4	5
Employee Retention/Incentive	1	2	3	4	5

List other objective(s): \_\_\_\_\_

Type(s) of Plans Being Considered (Check All That Apply)

Traditional Defined Benefit	Profit Sharing	Check here if unsure-
412 (e)(3) Fully Insured Define Benefit	401 (k)	We'll do the rest!
Cash Balance	Safe Harbor (401k)	





