exclusive
INSURANCE BROKERAGE

Qualified Plans Fact Finder

Client name:

Company Information

Name of Company/Business: State:

Employer Turnover:

Type of Entity: If Other:

Date Business Commenced:

Is the business tax year from January 1 to December 31? If not:

Do you have ownership in any other business(es)?

Determining what type of plan fits your business goals

Do you currently have a qualified plan?

If "Yes," please select plan type:

○ Profit Sharing ○ 401(k) ○ Defined Benefit ○ SEP-IRA ○ SIMPLE-IRA

Other:

Illustrate life insurance in the plan?

If "Yes," which product?

Factors to consider

(Check all that apply)

○ My business income is variable. (1)

○ My business income is constant. (2)

○ I would like to have flexibility while making contributions. (1)

○ I would like to contribute $50,000 or less for myself. (1)

○ I would like to contribute $50,000 or more for myself. (2)

○ My total budget that I would contribute to the plan is $100,000 or less. (1)

○ My total budget that I would contribute to the plan is $100,000 or more. (2)

○ I am interested in allowing employees to make before-tax contribution to the plan. (3)

○ I am comfortable making fixed contributions. (2)

If your choices include mostly:	• **1** Consider a Profit Sharing Plan
	• **2** Consider a Defined Benefit Plan
If your choice included:	• **3** Consider a 401(k) Plan

Besides yourself, is there anyone else you would like to favor?

Name and title:

Name and title:

Census Data

For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income.

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.).

First Name	Last Name	Sex	Date of Birth	Job Title	Owner (Y/N)	Date of Hire	Income (annual)	Hours Worked	Relation to Owner

Agent Contact Info:

Name: _____ Phone: _____

E-mail: _____

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