

RPSG 401k plan services

Request a Quote

Name: _____

Phone: () _____

E-Mail: _____

Affiliation: _____

Business Information

Name of Company: _____

Address: _____

Contact Person: _____

Phone: _____ E-mail _____

Business Structure:

- C Corporation Sole Proprietor LLP
- S Corporation Partnership Other Please Specify
- Not for Profit LLC

Business Start Date _____ Business Tax rate _____

Business Tax Year _____

Do owners of this Business have ownership interest in any other businesses'?

Yes No

If yes, Provide details _____

Goal /Objectives

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

	Low	_____	High		
Maximizing Contributions	1	2	3	4	5
Maximizing Contribution to owner	1	2	3	4	5
Minimize Contribution for Employees	1	2	3	4	5
Favor Certain Groups of Employees	1	2	3	4	5
Flexibility of Contributions	1	2	3	4	5
Attract and Retain Employees	1	2	3	4	5

Other objectives: _____

Type of Plan Being Considered:

- 401K
- Safe Harbor 401(k)
- Profit Sharing
- Defined Benefit
- SEP or Simple IRA
- Not sure

Contributions

Business Income:Stable/Variable (circle one)

Employee Turnover: _____ High/Low (circle one)

Budget for Employer Contributions

(Dollar Amount or % of payroll) _____

Existing Plan Information-Type of Plan: _____

- 401K/PS
- Profit Sharing only
- Defined Benefit
- Other

Plan Year: from _____ to _____

Annual Contributions: _____ Employer _____ Employee

Current Provider _____

What would you like to change about your current plan?

- Expenses
- Design
- Investments
- Education for Participants
- Website
- Administration

Please submit the following with this fact finder:

- Last Annual Review
- Last 5500
- Copy of Adoption Agreement
- List of investments available to plan which includes expenses and performance
- Annual form 408b 2 from providers

PLEASE COMPLETE CENSUS DATA SPREADSHEET BELOW

Company: _____

Contact: _____

Phone: _____

** Please note Family Groups/Relationships
(e.g.,
husband/wife/daughter/son/mother/father).*

*** For Officers, Owners, & Partners, please
indicate ownership percentage.*

**** Employees with more than 1000 hours
will be considered full-time employees.*

Questions? Please call:

Scott Tanker-609-922-0201

