

ATTEBERRY/SEARLE, INCORPORATED

Third Party Retirement Plan Administrators

CLIENT INFORMATION FACT FINDER

1. Business Name: _____

2. Street Address: _____

Mailing Address: _____

3. Phone: _____

Fax: _____

4. Internal Contacts:

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

5. Client Attorney: _____

Phone: _____

Email: _____

6. Client CPA: _____

Phone: _____

Email: _____

7. Employer Identification Number (EIN): _____

8. Accounting Year End: _____

9. Business Structure: *(check one)*

C-Corporation

S-Corporation

Partnership

LLP taxed as _____

Sole Proprietor

Non-Profit

LLC taxed as _____

Other: _____

10. Payroll Provider: In-House

Other: _____

Payroll Frequency: _____

Payroll Contact Person: _____

11. Owner Profile:

<u>Name of Principal</u>	<u>Date of Hire</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the principals own, control or manage any other business?

No Yes (if yes, please complete the included Schedule A)

11. Affiliated Companies:

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

SCHEDULE A – RELATED BUSINESS INFORMATION

NAME	BUSINESS #1	BUSINESS #2	BUSINESS #3	BUSINESS #4
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Example:

1. John Smith	100%	50%	none	none
---------------	------	-----	------	------

Please enter the name of the owners in column 1 and the percentage of ownership in each of the commonly owned businesses. In the area below, please name the business, provide the tax identification number, and list the type of business entity (C-corp, Sole Prop, Partnership, etc.).

Business #1:

Name: _____

EIN: _____ Type of Entity: _____

Business #2:

Name: _____

EIN: _____ Type of Entity: _____

Business #3:

Name: _____

EIN: _____ Type of Entity: _____

Business #4:

Name: _____

EIN: _____ Type of Entity: _____

9. Flexibility needs

a. Can the sponsor afford a recurring fixed cost each year?

- Yes – Percentage of compensation or dollar amount: _____
 No

b. Is there a preference for matching of employee contributions or across the board contributions to everyone?

- Match
 Across the board
 No

10. Do you want to contribute more than \$17,000 for yourself? Yes No

11. Is the employer currently sponsoring a qualified retirement plan? If yes, please provide copies of the plan document.
 Yes No

12. The current maximum allocation to a 401(k) Plan is \$67,500 (includes deferrals and catch-up). Do you want to contribute more for yourself? Yes No

13. Have you ever been a participant in a Defined Benefit plan? Yes No

14. Has your business ever sponsored a Defined Benefit Plan in the past? Yes No

15. Has there been a termination of a 401(k) Plan in the past 2 years? Yes No

16. Is the company currently sponsoring a SIMPLE-IRA Plan? Yes No

17. Do you expect any ownership changes or mergers in the near future? Yes No

If yes, please describe: _____

18. Are there expected rollover assets? Yes \$ _____ No

19. What eligibility waiting period do you prefer for your employees?

- Immediate eligibility on date of hire. (most liberal, not recommended)
- 1-year wait from date of hire. (maximum waiting period allowed)
- Other: _____

20. What plan entry date do you want once the eligibility requirements are met by the employees?

- Date of hire
- First day of the month
- Quarterly
- Semi-annual

21. Investment Strategy

- Trustee Directed
- Participant Directed from fund menu
- Participant Directed including Brokerage account option

22. Do you want to allow participant loans? Yes No

23. Do you want to allow employee contributions? (check all that apply)

- Pre-Tax 401(k)
- Roth 401(k)
- No Employee contributions

24. Do you want to allow participant withdrawal their own contributions in the event of a financial hardship?

- Yes No

Completed by:

Signature

Date

Print Name

