



401(k) Fact Finder

Name Of Business: _____

Type: C-Corp, ___ Sub-S ___ Sole Prop ___ Partnership ___ LLC ___ Professional Corp ___

Date of Inc or Business Started: _____ Own Any Other Bus?: _____ What % _____

Business Fiscal Year End: _____ CPA: _____

Effective Date of Current Plan: _____ Calendar Year or Other: _____

Employee Turnover Rate % ? ___ How much & How Often? _____

Eligibility Rules for EE's: Age: _____ Yrs of Service: _____ Hours: _____ Union: _____

Matching Employer Contributions?: Yes ___ No ___ If Yes % Match: _____

If No Would you like to see a match?: _____ % Match: _____

Employer Profit Sharing Contributions?: Yes ___ No: ___ If yes, When and \$: _____

Last Time P/S Contribution Made: _____

Are you getting refunds currently of deposits made? _____ Match or Deferral? _____

Annual Cost of Administration Currently: _____ Happy?: _____

If you could change 3 things about current plan what would that be?

1. _____ 2. _____ 3. _____

If you could design your own plan, what would it look like?: _____

Business Owner's Personal Participation:

% Or Dollar Amount You are contributing: _____ Happy or would you like to contribute the maximum available?: _____

Other than yourself, is there anyone else you would like to see get a larger share?: _____

% or Dollar amount: _____

If we could design a plan to provide **you** with more or maximum salary deferral or Profit Sharing contributions would you be willing to look at it? _____

Broker Name: _____ Phone Number: _____

Email Address: _____ Fax#: _____

Marketing Firm Affiliated With: **Affiliated Marketing Group**

Contracted With ANICO?: Yes: PC Code # _____ No: _____

| NAME | DATE OF BIRTH | DATE OF HIRE | SALARY | PART TIME <small>Y or N</small> | Tobacco? | OWNER % | Related to Owner? How |
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