

Retirement Plan Profile Worksheet

Name of plan: _____

Name of contact(s): _____

Telephone (office): _____ Fax: _____

Number of company locations: _____ Location(s): _____

Name of CPA: _____ Name of attorney: _____

Number of company locations: _____ Location(s): _____

Organizational structure

Corporation: _____ Sole proprietor: _____

Subchapter S corporation: _____ Other: _____

Number of full-time employees (more than 20 hours per week): _____ Number of part-time employees: _____

Types of employees

Union?: Yes No _____ Leased?: Yes No _____ Contract?: Yes No

Does the company have more than one owner?: Yes No

Do any of the owners of this company also have ownership in another company?: Yes No

If yes, please consult your CPA to determine if the company is part of a controlled or affiliated service group.

Which way is payroll processed?: Internally Externally (Payroll service): _____

What other types of benefits does the company provide?

What are the two primary objectives of implementing the plan?

Has a plan been implemented yet? _____

What are your major concerns about starting a plan?

How would you describe your employee turnover?

How would you describe your profit history?

Is the lack of a retirement plan an issue with your employees?

What types of retirement benefits do you want to provide?

How do you feel about making contributions to your employees' plans?

What is the projected level of employer contributions?

How important is a vesting schedule for employer contributions?

Will the plan allow employee contributions? _____

What is the expected level of employee contributions? _____

What is your understanding of administrative costs?

Can we evaluate your business continuation plan from a retirement plan perspective? _____

When was your business continuation plan last reviewed? _____

What was the result of that review?

What type(s) of business-related life insurance coverage do key employees have?

What actions are required as a result of this meeting?

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