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# RETIREMENT PLAN DESIGN PROPOSAL REQUEST

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REFERRAL NAME/FIRM: \_\_\_\_\_

1. PROSPECT/EMPLOYER INFORMATION:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Employer ID#: \_\_\_\_\_

EMPLOYER'S FISCAL YEAR END: \_\_\_\_\_

TYPE OF ENTITY:  Corporation  Professional Service Corp.  Other: \_\_\_\_\_  
 S-Corporation  Sole Proprietorship  
 Partnership  LLC taxed as: \_\_\_\_\_

IS YOUR ORGANIZATION PART OF A CONTROLLED GROUP OR AFFILIATED SERVICE GROUP?  YES  NO

If Yes, list the names of the controlled or affiliated service group members below:

\_\_\_\_\_

If you are not certain whether your business is member of a controlled group (CG) or affiliated service group (ASG), the following questions might help:

- Does your business (whether incorporated or not) or the principals of your business have any interest (stock, partnership interests, or beneficial interests in trust or estate) in any other business?  YES  NO
- Does your business provide services to, or receive services from, one or more other businesses in which either your business or the principals of your business have an ownership interest?  YES  NO  
Does your business join with such other businesses in providing services to a third person or entity?  YES  NO
- Does your business either provide or receive significant management services to/from another business?  YES  NO
- Does your business use lease employees or share employees with any other business?  YES  NO

2. CENSUS AND OWNERSHIP INFORMATION:

Please complete the Excel Census file (provided separately) and include all employees who have performed services and received either Schedule C or K-1 income (if any), or W-2 compensation during the year for which the plan design is being requested.

3. PRIMARY RETIREMENT PLAN OBJECTIVES (choose one or more below):

Maximize retirement savings for Owner(s)/Key employee(s)  Minimize corporate taxes  Attract and Reward Key Employees  
 Other: \_\_\_\_\_  
\_\_\_\_\_

4. EXISTING PLAN(S):

If you sponsor an existing qualified plan, provide a signed copy of the plan document and a copy of the most recent valuation report.

If your company/business entity maintains a SIMPLE IRA or SEP, briefly describe the existing arrangement and any benefits historically provided:

\_\_\_\_\_  
\_\_\_\_\_

5. Are you interested in a 3(16) Fiduciary Services proposal?  YES  NO

6. Are you interested in a Cash Balance Plan design in addition to the 401(K) Plan?  YES  NO

7. Preferred method for us to contact you:

EMAIL \_\_\_\_\_  PHONE \_\_\_\_\_

Once completed please return this information to the proposal group at Dunbar, Bender & Zapf, Inc. via:

Email: [proposals@dbzinc.com](mailto:proposals@dbzinc.com) or Fax: (412) 263-0138