

Location of Employer's Principal Office: State Commonwealth

of _____ County: _____

Business Code: _____ (six digits)

Principal Business Activity: _____

Predecessor Company Information: _____
Name

Type of Entity: Sole Proprietorship Partnership Corporation
 S Corporation Professional Service Corporation
 Limited Liability Company that is taxed as:
 S Corporation Partnership or Sole Proprietorship
 Other: _____

Tax Exempt: Corporation Association Trust Do you qualify as a 501 (c)(3) organization? Yes No

Date Business Commenced: _____

Name of affiliated or subsidiary corporations or entities under common control:

Complete a "Related Employer Information" form for each one.

Name of Controlling Employer: _____

Name of Payroll Service Provider: _____
 Inhouse

Employer's Accountant/Firm Name: _____

Contact Person: _____ Term of Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Employer's Legal Counsel/Firm Name: _____

Contact Person: _____ Term of Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

If there are any union employees, does union have a pension plan? Yes No If yes, identify union: _____

If there is no plan, has the union entered into "Good Faith" bargaining for retirement benefits with the employer? Yes No If yes, submit documentation: _____

Estimated amount Employer can contribute to retirement fund:

Maximum deductible amount _____ _____ % of payroll

Maximum fixed contribution the Employer would be willing to commit to every year:

None _____ % of payroll \$ Amount _____

Employer objectives in establishing a retirement plan:

- 1. Reduce corporate income taxes - avoid unreasonable accumulation of surplus.
- 2. Maximize profitability to owner-employee(s).
- 3. Provide for retirement of owner-employee(s).
- 4. Recruit or hold key employees (be sure to identify on employee census).
- 5. Improve competitive position in job market.
- 6. Facilitate retirement of older employees and keep promotional channels open.
- 7. Promote employee identification with business.
- 8. Plan for union employees (name union). _____
- 9. Reward long-term employees.
- 10. Facilitate retirement savings for all employees.

After how many months of employment does turnover subside? _____

At what age does most turnover subside? _____

Other Existing Employer Sponsored Plans: Yes No

Type: PS 401(k) ESOP MP TB
 DB SEP SAR/SEP Simple IRA Simple 401(k)
 TSA/403(b) 457 125
 Premium Only Plan Prevailing Wage Plan

If the employer currently maintains another Qualified Retirement Plan, please provide the information listed on the attached "Qualified Plan Takeover Checklist".

Terminated Employer Sponsored Plan: Yes No

Type: PS 401(k) ESOP MP TB
 DB SEP SAR/SEP Simple IRA Simple 401(k)
 TSA/403(b) 457 125
 Premium Only Plan Prevailing Wage Plan

Comments:

Prepared By: _____ Date: _____

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