

**RETIREMENT PLAN
CONFIDENTIAL QUESTIONNAIRE & CENSUS**

Exact Legal Name of Employer _____

Street _____ Telephone () _____

City _____ State _____ Zip _____ Fax () _____

Contact Person _____ Title _____

Date Formed/Incorporated _____ If incorporated, what state _____

Fiscal Year _____ to _____ Employer I.D. No. _____

Type of Business Organization:

- Sole Proprietorship C Corporation Professional Corporation
 Partnership S Corporation Limited Liability Company
 Non-profit Organization Under IRC Section _____

Is any ownership interest in this company held by a non-employee? ___ Yes ___ No

If yes, attach a list of all individuals and the percentage owned.

Does this employer or do its owners own an interest in *another* business? ___ Yes ___ No

If yes, attach a list of all commonly-owned businesses, owners, and percentage of ownership.

Indicate which, if any, have employees.

Does this employer currently, or have they ever maintained a qualified retirement plan?

___ Yes ___ No

If applicable, complete the following information:

Name of Plans _____

Circle the type of plans: Profit Sharing Money Purchase Defined Benefit Target Benefit Employee Stock Ownership Plan

Effective Dates of Plans: _____ (Type: _____), _____ (Type: _____)

Termination Dates of Plans: _____ (Type: _____), _____ (Type: _____)

If the business is engaged in personal professional services (Medicine, Dentistry, Law, Accounting, Engineering, Architecture, etc.), are the majority of services performed for a related business?

___ Yes ___ No

Are these shared or leased employees: ___ Yes ___ No

