

## Confidential Request for Proposal for Defined Benefit Family of Tax-Qualified Retirement Plans

Today's Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

**Please return all completed pages of this Confidential Information Form to the address shown at the bottom of this page. Use additional sheets if necessary.**

Employer Name:	
Mailing Address:	
Phone Number:	Fax Number:
Contact Person:	E-mail:
Legal Form of Business: <input type="checkbox"/> C-corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> S-corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLP	
Date business started:	Date incorporated (if applicable):
Tax Year Ends:	Desired contribution* / yr:
Details of other retirement plans in force:	Details of ownership** interest in other firms:
Name of Financial Advisor / Producer (if any):	
Mailing Address:	
Phone Number:	E-mail:
Type of Plan Requested (select one): <input type="checkbox"/> Classic Defined Benefit, <input type="checkbox"/> 412(e)(3), <input type="checkbox"/> Cash Balance	
Amt. of life insurance to be included in design (select one): <input type="checkbox"/> maximum, <input type="checkbox"/> none,    _____% of funding	
Insurer (if applicable):	Effective Date Desired:
Comments:	

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Today's Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Please complete the following information for all nonunion employees (including leased employees), even if they are not to be included in the plan. Include all employees within any controlled group\*\* which may exist. Please return all completed pages of this Confidential Information Form to the address shown at the bottom of this page. Use additional sheets if necessary.

Employee Name	Job Title	Birth Date	Hire Date	Annual Salary***	Smoker ?	# hrs if less than 1000/yr	Owner %	Officer ?
1.		/ /	/ /	\$			%	
2.		/ /	/ /	\$			%	
3.		/ /	/ /	\$			%	
4.		/ /	/ /	\$			%	
5.		/ /	/ /	\$			%	
6.		/ /	/ /	\$			%	
7.		/ /	/ /	\$			%	
8.		/ /	/ /	\$			%	
9.		/ /	/ /	\$			%	
10.		/ /	/ /	\$			%	
11.		/ /	/ /	\$			%	
12.		/ /	/ /	\$			%	
13.		/ /	/ /	\$			%	
14.		/ /	/ /	\$			%	
15.		/ /	/ /	\$			%	

\* If none is specified, Feasibility Study will be based on the maximum legal benefit design and deduction.

\*\* For specific examples, refer to our web site: <http://zingleandassociates.com/papers/412i/412iPQ105.pdf>

\*\*\* If the business is a sole proprietorship, instead of compensation for the owner, please provide a copy of the most recent IRS Schedule C and Schedule SE to Form 1040.