



Retirement Plan *Employee Census*

Name of Employer: _____

Data as of Prior Fiscal Year: _____ Controlled Group: No Yes

Employee name	M/F	Date of Birth	Date of Employ.	Officer/Director Y/N	% Stock/Business Owned	Annual Compensation*	#of Hours**	Job Title	Smoker Y/N	Relationship to Owner
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Compensation is W-2 wages increased by elective contributions (Section 125-Cafeteria Plans and 401(k) deferrals). For Sole Proprietors and Partnerships compensation is earned income subject to self employment tax. The Senex Group assumes responsibility solely for the accuracy of calculations without regard to the validity or accuracy of the information provided.

Desired contribution/deduction: \$ _____

Please indicate any known health conditions that the employees may have.

**If hours are currently less than 1,000 please indicate whether the employee ever worked 1,000 or more hours in any prior year.*

Submitted by:

Broker/Agent name: _____ Date: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

Please return along with the completed Retirement Plan Proposal Request to:

Arlene Williams
The Senex Group
Woodland Hills Financial Center
21021 Ventura Boulevard, Suite 310
Woodland Hills, CA 91364

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Fax: 818.593.3550
arlene@senexgroup.com