



Retirement Plan Proposal Request

Exact legal company name or individual's name: _____

Street address: _____

City, State, ZIP: _____

Contact person: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Plan Trustee: _____ Plan Trustee: _____

Type of plan desired: 401(k) Profit Sharing Money Purchase
 Defined Benefit 412(i) Other _____

Multiple Locations: No Yes (If yes, attach additional information sheets)

Type of income reported for the Owner: Net Schedule C W-2 Partnership profits
 Sub S pass through

Payroll Provider(s): _____

Do any family members work for this business? No Yes

List name(s) and relationships: _____

Does employer currently have any other qualified retirement plan(s)? No Yes

Ownership in any other businesses? No Yes

If this is a take-over, please provide a copy of the current plan documents and answer the following:

Employees: _____ # Participants: _____ Annual flow: \$ _____ Existing assets: \$ _____

Has the Employer ever sponsored a Defined Benefit Plan? No Yes

What are the main objectives in opening the plan? _____

How much is the employer anticipating contributing annually? _____

Submitted by:

Broker/Agent name: _____ Date needed: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

Please return along with completed Retirement Plan Census Form to:

Arlene Williams Phone: 818.593.3535
The Senex Group Fax: 818.593.3550
Woodland Hills Financial Center arlene@senexgroup.com
21021 Ventura Boulevard, Suite 310
Woodland Hills, CA 91364

*All information contained herein is for the sole purpose of preparing a qualified plan proposal.
All information will remain strictly confidential and will not be shared.*