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253.759.8354

PROPOSAL QUESTIONNAIRE

It is extremely important that we receive accurate data on all employees of the company, including leased and part-time employees. It takes approximately one week for an illustration/proposal.

Company Name _____

Tax ID _____ Employer Fiscal Year End _____

Nature of Business _____

Business Structure:

Corporation

S Corp

Sole Proprietor

Partnership

Other _____

How many employees does the company have? _____

Does the company currently have a plan? Yes (*type of plan*) _____ No

Does any owner of this company own, in whole or in part, any other corporation, partnership, or sole proprietorship? **(This information is necessary for determining if a controlled group exists.)**
If so, please list along with percentage of ownership.

_____ % _____ %

_____ % _____ %

_____ % _____ %

Goal of the Plan (who do you want to benefit and why is the employer considering a plan):

Do the key employees want a contribution greater than the Defined Contribution maximum?

Yes

No

Name & contact information for the person who can provide more information if needed:

Is there anything else we should know?

Thank you for taking the time to complete this questionnaire in full. The information obtained here is extremely important to assure that we can run an accurate proposal.

Submitting the following census is optional; however, by doing so, it will greatly assist us with plan design.

