

Plan & Trust Information

Plan Sponsor Information			
Company Name			
Address			FL
	STREET	CITY	STATE ZIP
Contact Person			
Date of Incorporation	(Sole Proprietor, date business started)		
Phone No.			
Fax No.			
Email Address			
Type of Entity	<input type="checkbox"/> Corporation	Type of Plan	<input checked="" type="checkbox"/> 401(K)
	<input type="checkbox"/> S Corporation		<input type="checkbox"/> Profit Sharing
	<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Defined Benefit
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> LLC: PLEASE PROVIDE MOST RECENT TAX PAPERWORK		
<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>			
Year End	December	Employer ID #	<input style="width: 100px;" type="text"/>
Nature of Business			
President		Vice-President	<input style="width: 100px;" type="text"/>
Secretary		Treasurer	<input style="width: 100px;" type="text"/>
Stockholders		Percent Owned	<input style="width: 100px;" type="text"/>
		Percent Owned	<input style="width: 100px;" type="text"/>

Plan Contact Information			
Accountant/CPA			
Company			
Email Address			
Address			STATE ZIP
	STREET	CITY	STATE ZIP
Phone No.			
Fax No.			
Investment Advisor			
Company			
Email Address			
Address			STATE ZIP
	STREET	CITY	STATE ZIP
Phone No.			
Fax No.			

Miscellaneous		
Are there any other Controlled or Affiliated Businesses?	No	Yes (please complete below)

Are there any family members in relation to the owners currently employed at the company?

Please list name and relationship below

Name		Relationship	
Name		Relationship	
Name		Relationship	
Do you currently have a Qualified Plan?	No	Yes (please complete below)	
Plan Name			
Owners		Percent Owned	<input style="width: 100px;" type="text"/>
		Percent Owned	<input style="width: 100px;" type="text"/>