

PLAN INSTALLATION WORKSHEET

Exact Name of Company: _____

Owner's Name: _____
Mailing _____
Address: _____
_____ Zip: _____

Business Phone: _____
Mobile Number: _____
Email Address: _____

Preferred method(s) of contact (circle):

Business Phone: Mobile Email
Other: _____

For official records (e.g., to appear on IRS records), if different:

Address: _____
_____ Zip: _____

Phone Number: _____

Description of Business Activities: _____

Business Entity (circle one): Sole Proprietor Partnership Limited Liability Company* S-Corp. C-Corp.

*If a Limited Liability Company, taxed as (circle one): Sole Proprietor Partnership S-Corp. C-Corp.

Tax ID Number (EIN): _____

Plan Trustee(s): 1. _____

Business Start Date: _____

2. _____ (optional)

Fiscal Year End: _____

Ownership/Partnership Interest:

	<u>Name</u>	<u>% Owned</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
	Total:	<u>100%</u>

If Incorporated:

Date of Incorporation: _____
State of Incorporation: _____
President: _____
Secretary: _____

Will a 2nd business be adopting this retirement plan? Yes No

Advisors:

Other

Profession:	<u>Accountant</u>	<u>Financial Advisor</u>	_____
Name:	_____	_____	_____
Phone Number:	_____	_____	_____
Email Address:	_____	_____	_____
Company:	_____	_____	_____