

Confidential Employee Census

REQUEST FOR PENSION PROPOSAL

Please fax to 904-396-2091

Name of Representative: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____ Email _____

Name of Law Firm: _____

Tax Status: _____ Incorporated Date of Incorporation _____

_____ Unincorporated Date business began _____

Tax Year End: _____ Approximate Contribution Desired \$ _____

(Percent of pay or dollar amount)

Any current retirement plan in force? Yes _____ No _____

(If so, supply details on a separate sheet.)

Do the owners have ownership interests in any other firms? Yes _____ No _____

(If so, supply details on a separate sheet.)

Additional comments related to plan design such as type of plan desired, which employees to favor, flexibility desired in contribution level, etc. _____

All information stated on this form will be kept strictly confidential and used solely for the purpose of providing the firm with a retirement plan proposal.

QUESTIONS ?, CALL 1-800-282-8626 TO SPEAK WITH A CONSULTANT

