

PROPOSAL REQUEST CHECKLIST

Type of Plan(s): (circle one) **401(k)** , Profit Sharing, Money Purchase

Name of Company: _____ Employer Fiscal Year End: _____

Address: _____

Telephone Number (_____) _____ Fax Number (_____) _____

Person(s) to Contact: _____

A) List of Officers/Title:

B) Stockholders/% of stock held:

List any family members of A or B and their relationship:

Proposed Eligibility:

Years / Months of Service: _____ Age: _____

Entry Dates:

_____ Immediate upon satisfaction of Eligibility
_____ 1st day of plan year and 6 months later
_____ Other _____

Immediate entry of employees employed on signature date of plan? **Y N**

401(k) Provisions:

Deferrals
Minimum / Maximum deferral limits: _____% to _____%

(deferral maximum for 2000 = \$10,500, not to exceed 415 limits of 25% of compensation up to \$30,000)

What percent of compensation, on average, do you think your employee's will contribute?
_____ % (If blank, 3% will be used for proposal purposes)

Match

Does the employer intend to match employee contributions? **Y N**

If yes, estimated percent per employee or, maximum dollar amount per employee:
_____ % / \$ _____

Specific formula for match? _____

Match contribution to () all who deferred, () only those who deferred with 1000 hours, () Only those employed at the end of the year

Employer Contributions:

Money Purchase contribution amount or percent: _____

Does the employer intend to make a Profit Sharing Contribution? **Y N**

Estimated dollar amount or percentage? _____

Integrated with Social Security? **Y N Don't Know**

Profit Sharing or Money Purchase contributions allocated to:

() all employees, () only those with 1000 hours,

() Only those employed at the end of the year

Employee Census

Attach the most recent plan year employee census, which includes date of hire and annual compensation and hours, or an employee census with projected compensation and hours for the current year.

Notes:

