



**PLAN DESIGN CONSULTANTS, INC.  
RETIREMENT PLAN FACT FINDER**

We welcome you as a new client. We look forward to serving you! We need some basic data to get started.

**GENERAL INFORMATION:** (Note: If multiple entities sponsor one plan, copy this form and provide data for each entity)

Official Name of Business: (be precise, please) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Main Contact: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person Who Handles Payroll or HR: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Fiscal Year (month/day/year): \_\_\_\_\_

Employer ID number: (EIN) \_\_\_\_\_

Date Business Started (month/day/year): \_\_\_\_\_

If Incorporated, approximate date incorporated: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership: \_\_\_\_\_%

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**PLAN INFORMATION:**

If an existing plan, Plan Year (month/day/year): \_\_\_\_\_ to: \_\_\_\_\_

Business Type:     Regular corporation                       Sub-S corporation  
                          Proprietorship                                       Partnership  
                          Professional corporation                       Non-profit/501 (c)(3)  
                          LLC ( ) taxed as partnership                       Non-profit-Other  
                          Other (explain) \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Is the business associated with any other business by common ownership or by maintaining an affiliated service group?

Yes     No

*If yes, please attach a complete description of common ownerships and affiliations.*

Is there a union with which retirement benefits have been the subject of good-faith bargaining?

Yes     No

*If yes, will bargaining employees be included in this plan?*

Yes     No

*If bargaining employees are to be included, please attach a copy of the union's collective bargaining agreement.*



Payroll Frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly  Describe

For additional clarification, when are your next two payroll dates?: \_\_\_\_\_

Has your company ever had another qualified retirement plan that was terminated and assets distributed or rolled over?

Yes  No

If yes, specify type of plan: \_\_\_\_\_

Do you utilize leased employees or any temporary employees from an agency or the services of a PEO?

Yes  No

If an existing plan, approximately how much have you paid annually for administration: \_\_\_\_\_

Who has handled the administration in the past? (5500's, ADP test, participant statements, etc.):

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Main Contact at the Company: \_\_\_\_\_

**Important – If we are taking over the administration of an existing plan, please write a letter on your letterhead to the above company informing them that you have engaged our firm and instruct them to provide us with any information that we might request. Send us a copy of the letter.**

***CPA Firm Information:***

Name: \_\_\_\_\_

Firm: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Investment Professional Information (if there is an investment professional helping you)***

Name: \_\_\_\_\_

Firm: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide any additional information you think we should know about your company below: