RETIREMENT PLAN PROFILE WORKSHEET

Name of plan: ____________________________________________________________

Name of contact(s): ______________________________________________________

Telephone (office): __________________________ Fax: _______________________

Number of company locations: __________________ Location(s): ________________

Name of CPA: ____________________________ Name of attorney: ______________

Organizational structure:
- Corporation __________________________________
- Sole proprietor __________________________________
- Subchapter S corporation ______________________
- Other: _______________________________________

Number of full-time employees (more than 20 hours per week) __________
Number of part-time employees: __________

Types of employees: Union? ☐ Yes ☐ No
Leased? ☐ Yes ☐ No
Contract? ☐ Yes ☐ No

Is the employer part of:
- A controlled group? ☐ Yes ☐ No
- An affiliated service group? ☐ Yes ☐ No
(If not sure, verify with your CPA)

Is the payroll processed:
- Internally? ☐
- Externally? (payroll service): __________________________

What other types of benefits does the company provide? ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are the two primary objectives of implementing the plan? __________________
________________________________________________________________________
________________________________________________________________________

Has a plan been implemented yet? __________________________

What are your major concerns about starting a plan? __________________________
________________________________________________________________________
________________________________________________________________________

How would you describe your employee turnover? ____________________________
________________________________________________________________________
________________________________________________________________________

How would you describe your profit history? _________________________________
________________________________________________________________________
________________________________________________________________________

Is the lack of a retirement plan an issue with your employees? __________________
________________________________________________________________________
________________________________________________________________________
What types of retirement benefits do you want to provide? _____________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
How do you feel about making contributions to your employees’ plans? ________________________________________
__________________________________________________________________________________________________________
What is the projected level of employer contributions? ________________________________________________________
__________________________________________________________________________________________________________
How important is a vesting schedule for employer contributions? _____________________________________________
__________________________________________________________________________________________________________
Will the plan allow employee contributions?  _________________________________________________________________
What is the expected level of employee contributions?  ________________________________________________________
What is your understanding of administrative costs? __________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
Can we evaluate your business continuation plan from a retirement plan perspective?  ____________________________
When was your business continuation plan last reviewed?  _____________________________________________________
What was the result of this review? __________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
What type(s) of business-related life insurance coverage do key employees have?  _______________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
Action required as a result of this meeting:
1.  ________________________________________________________________________________________________________
2.  ________________________________________________________________________________________________________
3.  ________________________________________________________________________________________________________