

Retirement Plan Feasibility Request

Exact legal company name or individual's name: _____

Street address: _____

City, State, ZIP: _____

Contact person: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Plan Trustee: _____ Plan Trustee: _____

Type of plan desired: 401(k) Profit Sharing Defined Benefit 412(e)(3) Other _____

Type of business: LLC Sole proprietor Partnership C corp. S corp.

How is the LLC taxed? Corporation Partnership

Business Inception Date: _____ Fiscal Year End: _____

Multiple Locations: No Yes (If yes, attach additional Client Data Sheets)

Income reported for the Owner: Net Schedule C W-2 Partnership profits Sub S pass through

Do you own other businesses and/or does your spouse or any other family members? No Yes
(If yes, complete a separate Client Data Sheet for each)

401(k) Profit Sharing Money Purchase Defined Benefit

Where are the assets being held: _____ Existing Plan Year End: _____

If you have a qualified plan we must have copies of the following immediately:

- The Adoption Agreement & Plan Document
- Most recent Valuation
- Most Recent 5500 form filed

Do you have a SEP IRA or a Simple IRA – if so what was the last year funded: _____

What are the main objectives in opening the plan? _____

How much is the employer anticipating contributing annually? _____

Submitted by:

Broker/Agent name: _____ Date needed: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

(All information contained herein is for the sole purpose of preparing a qualified plan proposal. All information will remain strictly confidential)

Please return along with completed Employee Census Form to:

Peter Feldenheimer
Peter Feldenheimer Associates
1134 Crane St.
Menlo Park, CA 94025

Toll Free: 800.736.1534
Fax: 650.324.8430
Email: pfa1@earthlink.net



PETER FELDENHEIMER & ASSOCIATES



approved
supplier

Each supplier independently
owned and operated.

RE/MAX, LLC makes no warranties with respect to this product

Retirement Plan *Employee Census*

Exact legal company name or individual's name: _____

Data as of Prior Fiscal Year: _____ Controlled Group: N/A No Yes

Name of Employee	M/F	Date of Birth	Date of Hire	Officer/ Director Y / N	% Stock / Business Owned	Current Annual Compensation*	# of Hours**	Job Title	Smoker Y / N	Relationship to Owner
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										

Must have Compensation History on ALL Employees for the Past Three (3) Years

**Compensation is W-2 wages increased by elective contributions (Section 125-Cafeteria Plans and 401(k) deferrals). For Sole Proprietors and Partnerships compensation is earned income subject to self employment tax. The Senex Group assumes responsibility solely for the accuracy of calculations without regard to the validity or accuracy of the information provided.*

Desired contribution/deduction: \$ _____

Please indicate any known health conditions that the employees may have.

***If hours are currently less than 1,000 please indicate whether the employee ever worked 1,000 or more hours in any prior year.*

Submitted by:

Broker/Agent name: _____ Date: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

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