

**Company Data Form for Qualified Retirement Plan**

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**This Data Form cannot be handwritten, scanned or faxed; use the keyboard, save and email the file.**

**Part I. Adviser Information**

Adviser Name: Profectus Financial

Adviser Email: [yoonah@profectusfinancial.com](mailto:yoonah@profectusfinancial.com)

Adviser Phone: (213) 480-9400

**Part II. Client/Company General Information**

- Client/Company Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_
- Owner/ Managing Partner (Name): \_\_\_\_\_ Owner's Email: \_\_\_\_\_  
Owner's Phone #: \_\_\_\_\_
- Company Physical Address: \_\_\_\_\_
- County: \_\_\_\_\_
- Company Mailing Address: \_\_\_\_\_
- Form of Business (Check One):  C-Corp  S-Corp  LLC  Partnership  Sole Proprietorship  Other: \_\_\_\_\_
- Fiscal Year End: \_\_\_\_\_
- Federal Tax ID Number: \_\_\_\_\_
- Current Census: Complete & return census form with this Company Data Form  
(Complete stockholder/owner(s) % of ownership; include spouse and family data)
- Payroll Frequency (Check One) ):  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Other: \_\_\_\_\_
- Do you own any other company(ies)?  Yes (If Yes, percent owned: \_\_\_\_\_%)  No
  - Control/Affiliated Service Group?  Yes  No
  - Does this other company use the same service group (employees)?  Yes  No
- Do you have any employees currently covered by a collectively bargained agreement in which retirement benefits were discussed?  Yes  No

**Part III. Client/Company Billing Information**

- Billing Contact Name: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- Business Code: \_\_\_\_\_ Business Activity Code - Schedule K 2a Form 1120, Click on <http://www.irs.gov/instructions/i1120/ar03.html>

**Part IV. Existing Company Retirement Plan Data:**

- Existing Retirement Plan?  Yes (If Yes, please answer #2)  No
- Type of Existing Plan or Plans: SIMPLE, SEP, 401(k), Profit Sharing, Pension, any welfare e.g. VEBA?  
LIST all: \_\_\_\_\_  
**If yes, Existing Retirement Plan – the following are needed:**
  - Summary Plan Description (SPD) or an Adoption Agreement for each Plan;
  - If pension, the latest actuarial valuation (pensions);
  - The latest 5500 for each plan, and
  - If 401K profit sharing, the latest tests: ADP/ACP, top heavy, etc. and allocation/account information
- What are the three (3) Highest Consecutive Years Income for each Key (in \$\$\$) with this company. A "Key" Employee is any owner with 5% or more ownership; a 1% owner with \$150K+ in compensation or an officer with \$170K+ in compensation. **List each key + average perkey:**

	Name	Average Salary
1	_____	_____
2	_____	_____
3	_____	_____

- Average Net Income in the Past Three Years & Prediction Going Forward: \_\_\_\_\_
- Desired Retirement Plan Contribution Amt: \_\_\_\_\_

**Part V. Plan Design Information:** What are the client's objectives? Use your/client's own words. For example: maximum deduction for the owner; minimum required contribution all others (Default Proposal; this is what you will get w/o specific instructions below). Do you want to: a) show maximum life insurance option; b) add the owner's spouse for a maximum spousal benefit? **(Please type or print clearly)** \_\_\_\_\_

How much do you want to contribute for tax saving purpose? \_\_\_\_\_

Any key employee(s) that you would like to benefit more if possible?  Yes (list name: \_\_\_\_\_)  No

Do Not Write Below This Line, TPA Use ONLY

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

Company Tax ID: \_\_\_\_\_

Billing Contact (Name): \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

Existing Plan(s) Complete for each plan:

- Name(s) & 3 Digit #:
- Plan(s) Years:
- Plan Effective Date:
- Plan Tax ID
- Plan Safe Harbor (Match, SHNE, Conditional, Unconditional)
- If restated/amended, Date of Restatement
- Investment Advisor/Platform
- Platform/Investment Account#
- Plan Other Info (TPA, actuarial only, etc.):

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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

EMPLOYEE CENSUS INFORMATION

[Include all active employees plus former employees terminating after beginning of year]

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No.	Last Name	First Name	Sex M/F	Self-Emp	Officer Y/N	Pct Own	Date of Birth MM/DD/YY	Date of Hire MM/DD/YY	Annual Compensation	Hrs (a)	Date of Termin. MM/DD/YY	(b) Class & Job Title Job Description Note: enter address 1,2,3 if multiples
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41												
42												
<b>TOTAL</b>												

- ▶ Please list all part time employees with the hours worked.
- ▶ List all family members including spouse, child(ren)

(a) F= Full-time (over 1,000 hours/yr)  
P= Part-time (500-1,000 hours/yr)  
B= Break in Service (< 500 hours)

(b) A = Active Participant  
T = Terminated  
N = Nonresident Alien

H = Hourly  
S = Salaried  
U = Collective Bargaining