

**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? \_\_\_\_\_

\_\_\_\_\_

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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. \_\_\_\_\_