

CONFIDENTIAL PROPOSAL FORM REQUEST

Your Name _____ Your firm _____ Date ____ / ____ / ____

Address _____ Phone () _____

(As you would like it to appear on your finished proposal)

PROSPECT INFORMATION:

Name of Firm: _____

Date Established: ____ / ____ / ____ Date Incorpor.: ____ / ____ / ____ Fiscal Year-End: ____ / ____ / ____

Type of Entity: ☐ Corporation ☐ Sole Prop.
☐ Professional Corp. ☐ Partnership

Names of other firms in which the employer (or any of the owners) owns a percentage of the business **or** performs management functions (***please provide full details on additional sheets, if necessary***):

Name _____ Fiscal Year Ends ____ / ____ / ____

Ownership (include names & %'s) _____ # of Employees _____

NOTE: The employer may or may not be required, depending upon the circumstances, to include the employees of these firms in its plan.

EMPLOYEE BENEFIT INFORMATION:

Are there currently retirement plans in place? ☐ Yes ☐ No

Type(s): _____

If yes, is this a proposal for a ☐ replacement, or an ☐ addition to the current plan(s)?

Were there past Retirement Plans? ☐ Yes ☐ No

Type(s): _____ When terminated: _____

What amount could be set aside on a tax-deductible basis (what's the desired contribution)? \$ _____

Use plan year ending 200__

Objectives (please be specific as possible about what you want shown and/or what you are trying to achieve):

Eligibility Requirements: ☐ 1 year; Age 21 ☐ None ☐ Other: _____

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