



# Qualified Plans Fact Finder

Client name \_\_\_\_\_

## Company Information

Name of Company/Business: \_\_\_\_\_ State: \_\_\_\_\_

Employer Turnover: (circle one)    High                      Low                      Variable

Type of Entity: (circle one)              Sole Proprietorship      C-Corporation      S-Corporation      Partnership

LLC Taxed as a Corporation    LLC Taxed as Partnership    Non-Profit Organization    Other \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

Is the business tax year from January 1 to December 31?     Yes                       No

Do you have ownership in any other business(es)? \_\_\_\_\_

## Determining what type of plan fits your business goals

Do you currently have a qualified plan?                       Yes                       No

If "Yes," please circle plan type:    Profit Sharing    401(k)    Defined Benefit    SEP-IRA

Other \_\_\_\_\_

Illustrate life insurance in the plan?                       Yes                       No

If "Yes," which product? \_\_\_\_\_

## Factors to consider Check all that apply

- My business income is variable. **1**
- My business income is constant. **2**
- I would like to have flexibility while making contributions. **1**
- I am comfortable making fixed contributions. **2**
- I would like to contribute \$50,000 or less for myself. **1**
- I would like to contribute \$50,000 or more for myself. **2**
- My total budget that I would contribute to the plan is \$100,000 or less. **1**
- My total budget that I would contribute to the plan is \$100,000 or more. **2**
- I am interested in allowing employees to make before-tax contribution to the plan. **3**

Besides yourself, is there anyone else you would like to favor?

Name and title: \_\_\_\_\_

If your choices include mostly: **1**–Consider a Profit Sharing Plan    **2**–Consider a Defined Benefit Plan

If your choice included **3**: Consider a 401(k) Plan

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## Census Data

For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income.

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.).

Employee Name	Job Title	Sex	Ownership	Date of Birth	Date of Hire	Income	Hours Worked

**Agent Contact Info:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Qualified Plan Contact Info:** Phone: (800) 277-9929, Opt.1 • Fax: (802) 229-7000 • [qpm@nationallife.com](mailto:qpm@nationallife.com)

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