

COMPENSATION PLANNING INC
PROPOSAL REQUEST FORM

Employer Name:

Address:

City: State: Zip:

Phone: Fax:

Main Contact Name: Contact Email:

Business Entity Type: Sole Prop C-Corp S-Corp Partnership
 Non-Profit LLC Church Other:

Next Fiscal Year End:

Do any of the owners of this company have ownership in another company?

Current Plan Name: No Current Plan

Plan Types/Features: *(check all that apply)*

401(k) Profit Sharing Safe Harbor Match 403(b)
 New Comparability Defined Benefit Prevailing Wage Other

We are looking to: add a new plan replace existing plan

Reason for establishing plan: *(check all that apply)*

Tax Deduction Retirement Security for Employees Benefit Owners
 Attracting and Retaining Key Employees Other:

For existing plans, what current areas are you looking to improve? *(check all that apply)*

Increase Benefits for Key Employees Controlling Costs for Non-Key Employees
 Service Quality Administrative Fees Investment Performance/Choice

Desired Contribution: Maximum Allowed Target amount of

Accountant: Accountant Email:

Investment Advisor: Investment Advisor Email:

Referral Name: Referral Email:

*In addition to submitting this form, please be sure to also complete the census spreadsheet so we can come up with design options that are based on your company specific data.

Submitted by: Date:

Return Completed Forms To:

Compensation Planning Inc.

67 Jefferson Blvd.

Warwick, RI 02888

Fax: 401.223.5557 Email: info@compplanning.com