

# ATTEBERRY/SEARLE, INCORPORATED

Third Party Retirement Plan Administrators

## CLIENT INFORMATION FACT FINDER

1. Client Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Phone: \_\_\_\_\_

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

4. Key Contacts:

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

Title: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

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

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

5. Client Attorney: \_\_\_\_\_

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

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

6. Client CPA: \_\_\_\_\_

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

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

7. Employer Identification Number (EIN): \_\_\_\_\_

8. Accounting Year End: \_\_\_\_\_

9. Business Structure: *(check one)*

☐ C-Corporation

☐ S-Corporation

☐ Partnership

☐ LLP

☐ Sole Proprietor

☐ Non-Profit

☐ LLC

☐ Other: \_\_\_\_\_

10. Payroll Provider: ☐ In-House

☐ Other: \_\_\_\_\_

Payroll Frequency: \_\_\_\_\_

Payroll Contact Person: \_\_\_\_\_

11. Owner Profile:

<u>Name of Principal</u>	<u>Date of Hire</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the principals own, control or manage any other business?

☐ No      ☐ Yes (*if yes, please complete the included Schedule A*)

11. Affiliated Companies:

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

**SCHEDULE A – RELATED BUSINESS INFORMATION**

NAME	BUSINESS #1	BUSINESS #2	BUSINESS #3	BUSINESS #4
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Example:**

1. John Smith	100%	50%	none	none
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Please enter the name of the owners in column 1 and the percentage of ownership in each of the commonly owned businesses. In the area below, please name the business, provide the tax identification number, and list the type of business entity (C-corp, Sole Prop, Partnership, etc.).

**Business #1:**

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

EIN: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

**Business #2:**

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

EIN: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

**Business #3:**

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

EIN: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

**Business #4:**

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

EIN: \_\_\_\_\_ Type of Entity: \_\_\_\_\_

**PLAN DESIGN QUESTIONNAIRE**

1. Please also complete the "Client Fact Finder & Employee Census"

2. When was your business established? \_\_\_\_\_

3. What is your business entity type? ☐ S-Corporation ☐ Self-Employed  
☐ C-Corporation ☐ Other: \_\_\_\_\_

4. What is the goal of the plan?

- ☐ Maximize owner contributions (please identify on census)  
☐ Maximize certain key employees (please identify on census)  
☐ Encourage participation by rank and file employees  
☐ Davis-Bacon  
☐ Other, describe below

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5. Do you have part-time, seasonal, or union employees? ☐ Yes ☐ No

6. Do you have independent contractors? ☐ Yes ☐ No

7. If family members are employed, please identify on census. ☐ Yes ☐ No

8. What are the contribution objectives for yourself?

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9. Flexibility needs

a. Can the sponsor afford a recurring fixed cost each year?

☐ Yes – Percentage of compensation or dollar amount: \_\_\_\_\_

☐ No

b. Is there a preference for matching of employee contributions or across the board contributions to everyone?

☐ Match

☐ Across the board

☐ No

10. Do you want to contribute more than \$16,500 for yourself?

☐ Yes

☐ No

11. Is the employer currently sponsoring a qualified retirement plan? If yes, please provide copies of the plan document.

☐ Yes

☐ No

12. The current maximum allocation to a 401(k) Plan is \$63,500 (includes deferrals and catch-up). Do you want to contribute more for yourself?

☐ Yes

☐ No

13. Have you ever been a participant in a Defined Benefit plan?

☐ Yes

☐ No

14. Has your business ever sponsored a Defined Benefit Plan in the past?

☐ Yes

☐ No

15. Has there been a termination of a 401(k) Plan in the past 2 years?

☐ Yes

☐ No

16. Is the company currently sponsoring a SIMPLE-IRA Plan?

☐ Yes

☐ No

17. Do you expect any ownership changes or mergers in the near future?

☐ Yes

☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Are there expected rollover assets?

☐ Yes \$ \_\_\_\_\_

☐ No

19. What eligibility waiting period do you prefer for your employees?

- ☐ Immediate eligibility on date of hire. (most liberal, not recommended)
- ☐ 1-year wait from date of hire. (maximum waiting period allowed)
- ☐ Other: \_\_\_\_\_

20. What plan entry date do you want once the eligibility requirements are met by the employees?

- ☐ Date of hire
- ☐ First day of the month
- ☐ Quarterly
- ☐ Semi-annual

21. Investment Strategy

- ☐ Trustee Directed
- ☐ Participant Directed from fund menu
- ☐ Participant Directed including Brokerage account option

22. Do you want to allow participant loans? ☐ Yes ☐ No

23. Do you want to allow employee contributions? (check all that apply)

- ☐ Pre-Tax 401(k)
- ☐ Roth 401(k)
- ☐ No Employee contributions

24. Do you want to allow participant withdrawal their own contributions in the event of a financial hardship?

- ☐ Yes ☐ No

Completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

COMPANY NAME: \_\_\_\_\_

YEAR ENDING: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

[illegible]

**\*\* An excel version of this file can be downloaded from our website : [www.attsea.com/downloads](http://www.attsea.com/downloads). If you have more than 10 employees, please use the excel version.**