

PLAN INSTALLATION WORKSHEET - Review completed items for accuracy. Fill in ALL other relevant items.

(Exact) Name of Company: _____

Plan Name: _____

Business _____
 Address: _____

 _____ Zip: _____

Phone Number: _____
 Fax Number: _____
 Mobile Number: _____
 Email Address: _____

Mailing _____
 Address: _____
 (if different) _____
 _____ Zip: _____

County: _____
 Contact at Company: _____
 Contact's SSN: _____

Description of Business Activities: _____

Business Entity (circle one): Sole Proprietor Partnership L.L.P. L.L.C. P.L.C. S-Corp. P.C. C-Corp

Fiscal Year End: _____

Tax ID Number: _____

Business Start Date: _____

Ownership/Partnership Interest:

	<u>Name</u>	<u>% Owned</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
	Total:	100%

If Incorporated:

Date of Incorporation: _____

State of Incorporation: _____

Directors: 1. _____

2. _____

3. _____

Officers & Titles:

1. _____

2. _____

3. _____

4. _____

Trustee(s): 1. _____

2. _____ (optional)

Plan Administrator: _____

Advisors:

Profession: Accountant _____

Financial Advisor _____

Other

Name: _____

Company: _____

Address: _____

Phone Number: _____

Fax Number: _____

Copies to: 1. Everything 2. Nothing
 (circle all 3. Census/Asset Requests
 applicable) 4. Annual Reports/IRS Filings
 5. Correspondence & Report
 Cover Letters Only
 6. Plan (Legal) Document

1. Everything 2. Nothing
 3. Census/Asset Requests
 4. Annual Reports/IRS Filings
 5. Correspondence & Report
 Cover Letters Only
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