

PROPOSAL REQUEST

Today's Date: _____

Requested by: _____

Date proposal needed: _____

Phone number: _____

This is for a: New Plan Takeover Plan

Client Profile:

Company Name: _____

Contact: _____

Phone: _____

Address: _____

Date Business Commenced: _____

Fiscal Yearend: _____

Type of Entity: C-Corp S-Corp Partnership Not-for-profit Sole Proprietor

LLC (taxed as Corp/ Partnership) Other: _____

Primary business is _____

List owners, officers and ownership percentage:

Name:	% Owned	Name	% Owned
_____	_____	_____	_____
_____	_____	_____	_____

(If any of the above own an interest in another company, please indicate with an *)

Does the employer currently have a plan? No Yes Specify: _____

Additional comments about plan: _____

Are they interested in a specific plan? No Yes Specify: _____

Employer wishes to contribute approximately: \$ _____ per year.

The primary objective of the plan is (rate by importance 1-4, with 1 being first priority)

__ Tax Deduction __ Employee Attraction/Retention __ Employee Incentive __ Creditor Protection

Are there other desires or concerns? Please explain: _____

The completed forms can be given to your consultant or sent to Debbie Rath at drath@nhhicks.com or FAX (530) 891-4185.

CENSUS FOR PROPOSAL

Company: _____ **Contact:** _____
Phone: _____ **Entity:** _____ **Year End:** _____
Goal of Plan: _____

Owners & Employees	Birth Date	Hire Date	Total Annual Compensation	Annual Salary Deferral	1,000 Hours in Any Year	Term Date	Owner %, Officer, Family
Totals							

Note: If owner is a sole proprietor and you are requesting a proposal for a Defined Benefit Plan, please also provide us with their Schedule C Net-Income for the 3 prior calendar years.