

PROPOSAL REQUEST

Today's Date: _____

Requested by: _____

Proposal for Plan Year: _____

Phone number: _____

This is for a: New Plan Takeover Plan

Email: _____

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
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_____	_____	_____	_____
_____	_____	_____	_____

(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@nhicks.com or FAX (530) 891-4185.

