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:	ship Not-for-profit Sole Proprietor
☐ LLC (taxed as ☐ Corp/ ☐ Partne	ership)
Primary business is	
List owners, officers and ownership percentage:	
Name: % Owned	Name % Owned
(If any of the above own an interest in another compan	y, please indicate with an *)
Does the employer currently have a plan?	Yes Specify:
Additional comments about plan:	
Are they interested in a specific plan? $\ \square$ No $\ \square$ Y	es 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

Contact:	Year End:
	Entity:
Company:	Phone:

If you are requesting a Defined Benefit proposal, see note below for additional information needed.

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

Note: If requesting a proposal for a Defined Benefit Plan, also provide us with the owners' compensations for the 3 prior calendar years. Compensation is W-2 for C and S-Corporations, Schedule C Net-Income for Sole Proprietor and K-1 Net-income for Partnership.