## **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 Partners	ship 🔲 Not-for-profit 🗌 Sole Proprietor				
LLC (taxed as Corp/ Partne	ership) 🗌 Other:				
Primary business is					
List owners, officers and ownership percentage:					
Name: % Owned	Name % Owned				
(If any of the above own an interest in another compar	ny, please indicate with an *)				
Does the employer currently have a plan?	Yes Specify:				
Additional comments about plan:					
Are they interested in a specific plan?	Yes Specify:				
Employer wishes to contribute approximately: \$	per year.				
The primary objective of the plan is (rate by importance	e 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 c	or sent to Debbie Rath at <u>drath@nhhicks.com</u> ,				
Chris Ressa at cressa@nhhicks.com or FAX (530) 891					



## **CENSUS FOR PROPOSAL**

Company:		Contact:
Phone:	Entity:	Year End:

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

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

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.