

## 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
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** Please indicate details below in comments on other company ownership.

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 sent to Chris Ressa at [cressa@nhhicks.com](mailto:cressa@nhhicks.com) or FAX (530) 226-0272 or  
Debbie Rath at [drath@nhhicks.com](mailto:drath@nhhicks.com) or FAX (530) 891-4185.

## CENSUS FOR PROPOSAL

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Entity:** \_\_\_\_\_ **Year End:** \_\_\_\_\_

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

**For Hours:** Fill 1  $\geq$  1,000   2 = 500 - 999   3 < 500

**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.

Please give details on previous Defined Benefit Plans.

NH HICKS