



New Economic Order Planning Program Pension Data Collection Form

Instructions for Pension Proposal:

Please fill in the plan Sponsor Information and Census pages as completely and accurately as possible. Entering the information directly into the spreadsheet and emailing the spreadsheet back to us will allow us to provide the most timely response to your request. If you are unable to enter the information directly into the spreadsheet, you may print the forms and return them to us via mail or fax.

When filling in the census information, please include information for all employees whether or not you anticipate that they will be eligible to participate in the plan.

If the plan sponsor currently sponsors another retirement plan, or has ever sponsored another retirement plan please provide as much information as possible about the other plans. It may be beneficial to combine an existing plan with the new plan.

If you have additional information that you feel is important for us to have, please include it with the email, fax or cover letter when you send your proposal request. If you have any questions about filling out these forms, or about anything else, please don't hesitate to call.

We appreciate the opportunity to work with you.

Sponsor Name: _____
Business Type: Corporation Sole-Proprietor S-Corporation LLP Partnership
 Other, Please Explain _____

Address: _____

City, State, Zip _____ Phone Number _____

Trustees: _____

Date Business Commenced: _____ 6 Digit NIACS Code: _____
Employer ID Number: _____ Fiscal Year End: _____
Primary Contact Person: _____ Contact Email: _____
Contact Phone #: _____ Contact Fax: _____

Professional Advisor Information (Optional)

Name of CPA: _____ CPA Phone #: _____
Name of Attorney: _____ Attorney Phone #: _____
Name of Financial Advisor: _____ Advisor Phone #: _____

Supplemental Information

Desired annual contribution: _____ Plan Effective Date: _____
Desired Retirement Age: _____ Total Number of Employees: _____

Do the principles, or their spouse's own other businesses? Yes No

If yes, please explain. _____

Does the employer currently sponsor another retirement plan? Yes No

If yes, please check type of plan(s): Defined Benefit 401(k) Profit Sharing Money Purchase SEP SIMPLE

Have the principles **ever** had a Defined Benefit Plan? Yes No

This proposal was submitted by: _____ Contact #: _____
Company: _____ Contact Email: _____

Consecutive three-year highest compensation for principles:

	Name	Year1/Comp	Year2/Comp	Year3/Comp
Principle 1	_____			
Principle 2	_____			
Principle 3	_____			
Principle 4	_____			
Principle 5	_____			

Include the following information for all employees:

Name	Sex	Date of Birth	Date of Hire	Date of Termination	Current Year Wages	Current Year Hours	Last Year Wages	Last Year Hours	Owner-ship %	Title

Use additional Census Pages for more employees.

