

The Company That Cares.®

Clear Form

Binghamton Office: 100 Court Street Binghamton, NY 13901 (607) 723-3551

Confidential Questionnaire RETIREMENT PLAN AND EMPLOYEE BENEFITS

FACT FINDER

"Your One-Stop Solution for Comprehensive Benefits."

Please provide me a proposal regarding (check all that apply):

401(k) and Profit Sharing

401(k) Profit Sharing

- Profit Sharing (Stand Alone)
- __ DASH 40(k)

Worksite

Whole Life LP95

Retirement Plan Design

Binghamton Office 855-861-1584 (Ext.7337) Fax: 607-772-6726 Email: qplans@smlny.com

Worksite Marketing

Stanley J. Grabowski 800-346-7171 (Ext. 7290) Fax: 607-723-5651 Email: sgrabows@smlny.com

Defined Benefit

Cash Balance

Traditional Pension

"Fully Insured" 412(e)(3)

For more information visit www.smlplans.com

By completing this questionnaire you understand and acknowledge that by either not fully or accurately completing this questionnaire, any design study provided may be inappropriate to the needs and objectives of the client.

CONFIDENTIAL FACT FINDER

I.	EM	PLOYER INFORMATION (Required for All)						
	A.	Employer Name:	state:					
	В.	Calendar Year End	Fiscal Year End:					
	C.	Number of Employees:	Union 🖵 Yes 📮 No					
	D.	Type of Organization: Corporation	Non-Incorporated	LLC or Other				
		Regular "C"	Sole Proprietor	Taxed as Sole Proprietor				
		□ S Corporation	Partnership or LLP	Taxed as Partnership				
				Taxed as Corporation				
	E.	The owners, officers and key personnel of the Name	Employer are: Title	Percent Owned				
II.	AG	ENT INFORMATION						
	A.	Agent Name:						
	B.	Phone:	Email Address:					
	C.	General Agent (if different):		Not yet contracted with SML				
	D.	Broker/Dealer:		Not a Registered Representative				
	E.	Additional Comments:						

III. RETIREMENT PLAN DESIGN

answers to the following questions:1. Do the key personnel own any part of or2. Are the revenues of the Employer direct	e groups, please complete the summary below if there are any affirmative t of or operate any other trades or businesses? lirectly generated by businesses with any common ownership? rformed by leased employees or by employees of a separate business?						
Related Companies	Owner's Name	Percent Owned					

III. RETIREMENT PLAN DESIGN (continued)

3.	Does the Employer or any related Employer sponsor a qualified retirement plan? If so, complete the summary below submit a copy of the Summary Plan Description (SPD) if available:								
	Type of Plan		Plan Formula						
	Leave in place	 Terminate	Modify						
-	What are the goals of the new plan? (check a 401(k)/Profit Sharing	ll that apply)	<pre> Defined Benefit/"Fully Insured" </pre>						
	General Flexibility		Large Employer Contributions						
	Employee Participation (Salary Deferrals)		Aximize Retirement Benefits						
	Broad Investment Array		Stable or Guaranteed Investments						
).	What is the Employer's Budget: 📮 \$	or	Mof the payroll						
	Does the Employer understand the benefits	of Life Insuranc	e in the Plan?						
j.	Life Insurance Needs:								

IV. WORKSITE

A.	Industry Description or SIC Code*:							
В.	Worksite Benefit(s) (available in most states for 10 lives or more):							
	Whole Life LP95 🔲 Yes 🔲 No							

* To determine if industry is eligible for benefits, call: 800-346-7171 (Worksite)

Listing of All Employees											
First Name	Last Name	Sex	Birth Date M / D / Y ¹	Hire Date M / D / Y ²	Percent Owned	W2 Compensation	Schedule C or K1 Income ³	Annual Hours Worked If Part Time	Insurance: PP=Pref. Plus P=Preferred N=Nonsmoker PS=Pref. Smoker S=Smoker SPNS=Standard Plus Nonsmoker ⁴	Family Member of Owner? ⁵	Job Description or Exclude from Group ⁶

PROPOSAL CENSUS DATA

¹Dates of birth should be listed, not ages.

²Date of hire will determine eligibility.

³Non-incorporated business owners do not receive W2 wages; they receive a Schedule C or K1 Distribution. S Corp. owners and some LLC members receive both W2 and K1; each should be entered here. Make sure that income entered in this column is accurate and can be documented.

⁴Only available for select products.

⁵A spouse or linear family member of a 5 percent owner affects plan testing and group insurance "carve-out" plans—enter the relationship to the owner (e.g., spouse, son, etc.) ⁶Use this column to convey notes for "carve-out" plans or other important information you want to share; otherwise you may leave this blank.