



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)

Defined Benefit

- Traditional Pension
- "Fully Insured" 412(e)(3)
- Cash Balance

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

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. EMPLOYER INFORMATION (Required for All)

A. Employer Name: _____ City and State: _____

B. Calendar Year End Fiscal Year End: _____
mm/dd/yy

C. Number of Employees: _____ Union Yes No

D. Type of Organization:

Corporation	Non-Incorporated	LLC or Other
<input type="checkbox"/> Regular "C"	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Taxed as Sole Proprietor
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership or LLP	<input type="checkbox"/> Taxed as Partnership
		<input type="checkbox"/> Taxed as Corporation

E. The owners, officers and key personnel of the Employer are:

Name	Title	Percent Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. AGENT 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

A. Regarding controlled or affiliated service groups, please complete the summary below if there are any affirmative answers to the following questions:

1. Do the key personnel own any part of or operate any other trades or businesses?
2. Are the revenues of the Employer directly generated by businesses with any common ownership?
3. Are major job-related functions performed by leased employees or by employees of a separate business?

Related Companies	Owner's Name	Percent Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. RETIREMENT PLAN DESIGN (continued)

B. Does the Employer or any related Employer sponsor a qualified retirement plan? If so, complete the summary below and submit a copy of the Summary Plan Description (SPD) if available:

Type of Plan	Plan Formula
_____	_____
_____	_____

Leave in place Terminate Modify

C. What are the goals of the new plan? (check all that apply)

<p>401(k)/Profit Sharing</p> <input type="checkbox"/> Flexibility <input type="checkbox"/> Employee Participation (Salary Deferrals) <input type="checkbox"/> Broad Investment Array	<p>Defined Benefit/"Fully Insured"</p> <input type="checkbox"/> Large Employer Contributions <input type="checkbox"/> Maximize Retirement Benefits <input type="checkbox"/> Stable or Guaranteed Investments
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D. What is the Employer's Budget: \$ _____ or _____ % of the payroll

E. Who are the Preferred/Favored Participants: _____

F. Does the Employer understand the benefits of Life Insurance in the Plan? _____

G. Life Insurance Needs: _____

IV. WORKSITE

A. Industry Description or SIC Code*: _____

B. 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)

