

Owner-Only Plans + TM Client Questionnaire

Owner-Only Plans+, owned by Peter D. Austin & Associates, Inc at P.O. Box 3009, Westlake Village CA 91359, telephone 855-244-8466, fax 805-497-8003, email fcbainc@gmail.com We are consulting actuaries. Our cell phones are Peter 805-368-8974 Heidi 323-599-7549.

For us to deliver to you a proposal for a Defined Benefit Plan, and possibly a companion 401k Plan, specific to your needs, please fill out the information shown below.

Employer: _____

Type of Entity: ___ C Corp ___ S Corp ___ LLC ___ LLP ___ Sole Prop

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Date of Incorporation _____ Fiscal Year End _____

Employer ID _____

Type of Business _____

Owner(s) and Employees: (Include another sheet for more employees)

<u>Name</u>	<u>D/O/B</u>	<u>Hire</u>	<u>2015 Pay</u>	<u>2014 Pay</u>	<u>2013 Pay</u>	<u>% Owned</u>

Prior and Current Retirement Plans:

Name of Plan: _____

Type of Plan: SEP/IRA Profit Sharing 401k Defined Benefit Other

Is plan still active: Yes No Plan Number (3 digits, such as 001): _____

Controlled Group/Affiliated Service Company:

Does any owner own or control another company that has employees? Yes No

If so, we need full details to determine if there is a controlled group relationship.

Does spouse of owner own a business? Yes No

Is there a minor child of owner? Yes No

Does the company have an affiliated services relationship with another company? Please provide all details, so we can determine if there is an affiliated services relationship.

Does the company have a management services relationship with another company? Please provide all details, so we can determine if there is an management services relationship.

Representative:

Name: _____ Email: _____

Company: _____

Mailing Address: _____

Telephone _____ Fax _____