



Pension And Retirement Services

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PROPOSAL REQUEST FORM

Submitted by: Client Broker Other: _____

Name: _____ E-Mail: _____

Address: _____

Telephone #: _____ Fax#: _____

Best way / time to contact me: _____

Request for:

Brochure Price Plan Design Other: _____

Client Profile

Employer Legal Name: _____

Plan Name (if existing): _____

Business Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax Number: _____

Employer Fiscal Year End: ___/___/___

If this is a creation of a new plan, please provide:

Number of Employees: _____ Estimated Annual Contributions: \$ _____

If this is an existing plan, please provide:

Number of Eligible Employees: _____ Existing Takeover Assets: \$ _____

Estimated Annual Contributions: \$ _____ Number of Account Balances: _____

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- Employer Entity Status:** C Corporation S Corporation Partnership
 Sole Proprietorship Professional Service Corporation Not For Profit
 LLC (taxed as Partnership) LLC (taxed as Corporation)
 Other: _____

Is the Employer a member of a controlled group? Yes No Not Sure

If yes,	Company Name	EIN*	Participating in the Plan?	
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Employer Identification Number

Please indicate the shareholders, partners, owners, and officers of the Employer:

Name	Ownership Percentage	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the Employer maintain any other qualified plans? If so, please mark below:

- Section 125 (Cafeteria Plan) Defined Benefit
 Other Defined Contribution (401(k), Profit Sharing, Money Purchase)
 Tax Sheltered Annuity Simplified Employee Pension (SEP)
 Employee Stock Ownership Plan (ESOP) Other: _____

Will the Employer include any employees who are covered under a Union / Collective Bargaining Agreement?

- Yes No If yes, please provide union type/group: _____

Nature of Employer's Business: _____

The reason we are requesting a proposal (Optional): (Select all that apply)

- Service Fund Selection Fees Other: _____

