

Qualified Plans Fact Finder

Client name: _____

Company Information

Name of Company/Business: _____

State: _____

Employer Turnover: _____

Type of Entity: _____

If Other: _____

Date Business Commenced: _____

Is the business tax year from January 1 to December 31? _____

If not: _____

Do you have ownership in any other business(es)? _____

Determining what type of plan fits your business goals

Do you currently have a qualified plan? _____

If "Yes," please select plan type:

☐ Profit Sharing

☐ 401(k)

☐ Defined Benefit

☐ SEP-IRA

☐ SIMPLE-IRA

Other: _____

Illustrate life insurance in the plan? _____

If "Yes," which product? _____

Factors to consider

(Check all that apply)

☐ My business income is variable. (1)

☐ I would like to contribute \$50,000 or less for myself. (1)

☐ My total budget that I would contribute to the plan is \$100,000 or more. (2)

☐ My business income is constant. (2)

☐ I would like to contribute \$50,000 or more for myself. (2)

☐ I am interested in allowing employees to make before-tax contribution to the plan. (3)

☐ I would like to have flexibility while making contributions. (1)

☐ My total budget that I would contribute to the plan is \$100,000 or less. (1)

☐ I am comfortable making fixed contributions. (2)

If your choices include mostly: • **1** Consider a Profit Sharing Plan
• **2** Consider a Defined Benefit Plan
If your choice included: • **3** Consider a 401(k) Plan

Besides yourself, is there anyone else you would like to favor? _____

Name and title: _____

Name and title: _____

Census Data

For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income.

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.).

First Name	Last Name	Sex	Date of Birth	Job Title	Owner (Y/N)	Date of Hire	Income (annual)	Hours Worked	Relation to Owner

Agent Contact Info: Name: _____ Phone: _____
E-mail: _____

Qualified Plan Contact Info: Phone: (800) 906-3310, Opt.1 | Fax: (802) 229-7000 | qpm@nationallife.com

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