

INFORMATION SHEET

Please complete all information clearly, as all plan documentation will be prepared based on the information supplied on this form.

Business Name: _____

Street Address: _____

City, State & Zip Code: _____

Mailing Address (if different from above): _____

City, State & Zip Code: _____

Phone with Area Code: _____ **Cell:** _____

Fax with Area Code: _____ **Email:** _____

President/Member/Sole Prop/Partners: _____

Plan Trustee(s): _____

Owners/Percent: _____

Employer Identification Number: _____

Nature of Business: _____
(i.e. construction, medical practice, attorney)

Business Code (6-digit NAICS number, check with your CPA): _____

Type of Entity: _____ If LLC, Taxed as: _____ **Business Commence Date:** _____
(i.e. S-corp, C-corp, LLC)

Fiscal Year: _____ **Plan Year** (if diff. from FYE): _____

CPA Name: _____

Business: _____

Address: _____

Phone: _____ Fax: _____

Attorney Name: _____

Business: _____

Address: _____

Phone: _____ Fax: _____

Broker Name: _____

Business: _____

Address: _____

Phone: _____ Fax: _____

Completed by: _____ Date: _____