Fox Lalonde & Kenne Qualified Retirement Plan

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Company Data Form

This Data Form cannot be handwritten, scanned or faxed; use the keyboard, save and email the file. Thanks.

I. Advisor/Referral Source-Name: Advisor Email: Advisor Phone:

II. Client/Company General Information

1. **Client Company Name: Years in business:**
2. **Owner/Managing Partner (Name): Owner's Email: Owner's Phone #:**
3. **Company Physical Address:**
   Street Town State Zip
4. **County:**
5. **Company Mailing Address:**
   Street Town State Zip
6. **Form of Business (Check type): [ ]C-Corp. [ ]S-Corp. [ ]LLC [ ]Partnership [ ]LLP [ ]Sole Proprietorship**
7. **Fiscal Year End:**
8. **Federal Tax ID number**
9. **Current Census – Complete & return *FL&K Census Form* with this Company Data Form**
   (Complete stockholder/owner(s) % of ownership; include spouse and family data).
10. **Payroll Frequency** (weekly; bi-weekly; monthly; other (describe)**:**
11. **Do you own any other company(ies) Yes/No? If yes, percent owned: %.**
    a. **Control/Affiliated Service Group Yes/No?**
    b. **Does this other company use the same service group (employees)? Yes/No.**
12. Do you have any employees currently covered by a collectively bargained agreement in which retirement benefits were discussed? **Yes/No.**

III. Client/Company Billing Information

1. **Billing Contact at Co (Name): Billing Email: Billing Phone:**
2. **Billing Address:**
   Street Town State Zip
3. **Business Code:**
   Business Activity Code, what does the client do? (Schedule K 2a Form 1120)
   Click on link. See http://www.irs.gov/instructions/i1120/ar03.html

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IV. Existing Company Retirement Plan Data:

1. **Existing Retirement Plan Yes/No _____**
2. **Type of Existing Plan or Plans: SIMPLE, SEP, 401(k), Profit Sharing, Pension, any welfare e.g. VEBA?**
   List all:
   If yes, Existing Retirement Plan - the following are needed:
   a. **Summary Plan Description (SPD) or an Adoption Agreement for each Plan;**
   b. **If pension, the latest actuarial valuation (pensions);**
   c. **The latest 5500 for each plan, and**
   d. **If 401K profit sharing, the latest tests: ADP/ACP, top heavy, etc. and allocation/account information**
3. **What are the three (3) Highest Consecutive Years Income for each Key (in $$$) with this company. A "Key" Employee is any owner with 5% or more ownership; a 1% owner with $150K+ in compensation or an officer with $170K+ in compensation.**
   - **List each key + average per key:**
     1.
     2.
     3.

V. Plan Design Information What are the client's objectives? Use your/client's own words. For example: maximum deduction for the owner; minimum required contribution all others (Default Proposal; this is what you will get w/o specific instructions below). Do you want to: a) show maximum life insurance option; b) add the owner's spouse for a maximum spousal benefit? (Please type or print clearly)

>>Do Not Write Below This Line, FL&K Use ONLY<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

Company Name: Company Tax ID:

Billing Contact (Name): Email address: Phone: Fax:

Existing Plan(s) Complete for each plan:

1) Name(s) & 3 Digit #:
2) Plan(s) Years:
3) Plan Effective Date:
4) Plan Tax ID
5) Plan Safe Harbor (Match, SHNE, Conditional, Unconditional)
6) If restated/amended, Date of Restatement
7) Investment Advisor/Platform Contact: Email: Phone:
8) Platform/Investment Account#
9) Plan Other Info (TPA, actuarial only, etc.):