

---

---

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Needed By: \_\_\_\_\_

*If Different Than Above*

Submit Quote To: \_\_\_\_\_ Email: \_\_\_\_\_

---

---

**Required Information** *(Complete as much as possible)*

Type of Business Entity: \_\_\_\_\_ Self Employment Income:  Yes  No

Total Number of Employees: \_\_\_\_\_ Number of Current Accounts in the Plan: \_\_\_\_\_

Number of Owner Employees: \_\_\_\_\_ Owner Family Members Employed:  Yes  No

**Investments:** Changing:  Yes  No If Yes, Transfer Amount: \_\_\_\_\_

Current Investment Provider: \_\_\_\_\_

Future Providers Being Considered: \_\_\_\_\_

**Type of Plan(s) Desired:**  401(k)  Solo K  DB  ESOP  403(b)  457

**Services Requested:**  Full Administration  Contribution Calculations Only

Form 5500 Only  Document Only

**Document Services Needed:**  Yes  No

*If No, Current Document Provider:* \_\_\_\_\_

**Features:** *(Check All That Apply)*

401(k)  Roth  Profit Share  Match  Loans

Safe Harbor  Auto Enroll  Life Insurance  Historically Audited

In-Service WD  Hardship  Separate Eligibility for 401(k) vs ER

---

---

**Additional Information**

Plan/Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Payroll Provider: \_\_\_\_\_ # of Payroll Locations: \_\_\_\_\_