
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: _____