



## Company And Retirement Plan Questionnaire

Thank you for the opportunity to present a proposal for pension administration services. Fill in the following requested information and return to QPS Marketing Department. Please call 417-522-7526 (Ext. #102) if you require clarification on any of the following questions.

### I. COMPANY INFORMATION

Company Name:	Does your Company employ:
Company Contact: _____ Email: _____	<input type="checkbox"/> Union employees
Mailing Address: _____	<input type="checkbox"/> Leased employees
City: _____ State: _____ Zip: _____	<input type="checkbox"/> Seasonal employees
Phone: _____ Fax: _____	<input type="checkbox"/> Contract workers
Has your business ever maintained a retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business Entity:
If Yes, Initial Effective Date: _____ Plan Year-End: _____	<input type="checkbox"/> C-Corporation
Employer Tax ID: _____ Tax Year-End: _____	<input type="checkbox"/> S-Corporation
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Sole-Proprietorship
	<input type="checkbox"/> Limited Liability Company, taxed as a _____
	<input type="checkbox"/> Non-Profit

### II. OWNERSHIP — Please list all owners including spouses and any additional businesses.

Owner Name	Business Name	Ownership
		%
		%
		%
		%
		%

### III. PLAN GOALS — Please list the following in degrees of importance to you.

	Not Important	Somewhat Important	Does Not Matter	Important	Very Important
Greater tax deductions for the owner(s)					
Ability to attract and retain quality employees					
Employee 401(k) or pre-tax Roth contributions					
Employer discretionary contributions					
Employer matching contributions					
Limited distribution access for employees					
Loan provisions					
Daily online access to participant accounts					

