



Pension Advisors, Inc.
WE KNOW PENSION PLANS

419* Plan Feasibility Study Request and Confidential Employee Information

Advisor Information

Name(s):	Designation:
Agent #:	
Name(s):	Designation:
Agent #:	
Name(s):	Designation:
Agent #:	
Name(s):	Designation:
Agent #:	

Company:

Name on Proposal:

Work:	Ext.
Fax:	Mobile:
Email	

Best Time to Contact:	AM	PM	Proposal Date:
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Client Information (continued on page 2)

Owner/Primary Contact:

Company:

Address:

City:	State:	Zip:
Telephone:	Fax:	
Mobile:	Email:	

*419 plans available through third-party relationships

After completing this form, please click the "Submit" button at the end of the document to send it via an open Internet connection, or fax it to (918) 338-2242, or email it to info@penplans.com.



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Client Information (continued from page 1)

***Type of Entity:**

Sole Proprietor

Partnership

LLC

Taxed As: Partnership Corporation Sole Proprietor

S-Corporation

C-Corporation

Professional Corporation

Date Incorporated:

Other:

Tax Year Ending:

Total Annual Desired Contribution for Plan:

Target Amount for Owner(s):

Maximum Contribution:

Desired Retirement Age for Plan Design:

Investment Options & Requests:

Fixed Life Insurance (up to 49% of annual contribution)

Variable Annuity Fixed Annuity Mutual Funds Other

Owners Risk Level

Aggressive Moderate Conservative

Will investment management services of SFG be utilized*? Yes No

***Does the company currently have an existing qualified retirement plan?** Yes No

Explain:

***Do the owner(s)/stockholders(s) have any ownership interest in other businesses?** Yes No

Explain:

*Investment advisory services offered through Sutterfield Financial Group, Inc., an SEC registered investment Advisor

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Plan Goals (choose as many goals as desired)

For the Employees:

- Allow employee 401(k) contributions (on a before-tax basis).
- Provide a competitive benefit in the marketplace.
- Encourage and reward employee retention and longevity (e.g. use of a vesting schedule).
- Focus benefits on Owners.
- Contributions to Owners should reach the maximum limits each year. (e.g. \$44,000 per year)
- Focus benefits on higher-paid, key employees.
- Create an incentive for greater Company profits (or profits by division or profit center).

For the Employer:

- Maximize income tax deductions.
- Employer contributions should be allocated as a percentage of pay.
- Employer contributions should be made as a match, based on employee contributions.
- Employer contributions should be discretionary and flexible each year in total.
- A portion of the Employer contributions may be a fixed commitment each year;
 - e.g. % of total payroll
- Annual Employer contributions might range from \$ to \$,
or from % to % of total employee payroll.

True or False:

- | | | |
|---|---|---|
| T | F | It is acceptable for the Employer to be required to contribute 3% of payroll per year. |
| T | F | We want to be able to make discretionary Employer contributions greater than 3% of pay. |
| T | F | It is acceptable for Employer contributions to be immediately 100% vested. |
| T | F | It is acceptable for Employer contributions to be limited to \$10,000 per year. |
| T | F | It is acceptable for total Employer and Employee contributions to be limited to \$20,000 per year (rather than \$44,000). |

Other Information or Special Requests:

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419 Participant Information

Participant 2 Information

Participant Name:

Date of Birth:

Participant 2 Plan Objectives (complete only those that apply)

Desired Contribution:

(yearly this participant only)

Death Benefit Only Plan? Yes

No

Desired Death Benefit:

Living Benefit Plan? Yes

No

Desired Living Monthly Benefit:

Contribution Number of Years: 1-Pay

(check all that apply) 3-Pay

5-Pay

10-Pay

Other:

To submit information for additional participants, please use the "Other Information or Special Requests" box on page 3.

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