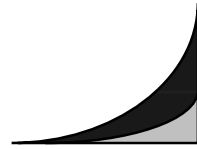


FAX: (858) 748-0615  
Attn: Plan Design Department



**INNOVATIVE  
PENSION**

**PROPOSAL REQUEST FOR A  
QUALIFIED RETIREMENT PLAN**

*Strategy & Design*

Please submit this form along with a COMPLETED census form. Make sure to PRINT CLEARLY.

**ADVISOR INFORMATION**

Name of Person Requesting Proposal \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Today's Date \_\_\_\_\_ Date Proposal is Needed \_\_\_\_\_

What kind of proposal should we provide?  administrative pricing only  pricing and illustration of potential contribution amounts

**OBJECTIVES**

Please check the box or boxes that best describe the goals you are trying to achieve:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Reduce Taxes                                  | <input type="checkbox"/> Maximize Contributions      | <input type="checkbox"/> Maximize Contributions to Principals |
| <input type="checkbox"/> Add Employee Benefits                         | <input type="checkbox"/> Reduce Administration Costs | <input type="checkbox"/> Enhance Level of Service             |
| <input type="checkbox"/> Add a Pension for Your Spouse (DB Plans Only) |  |   |

What type of plan design do you anticipate? (Check all that apply)

- |                                 |  |  |   |
|---------------------------------|--|--|---|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> Safe Harbor     | <input type="checkbox"/> Profit Sharing  | <input type="checkbox"/> Money Purchase |
| <input type="checkbox"/> 412(i) | <input type="checkbox"/> Defined Benefit | (add <input type="checkbox"/> Integration <input type="checkbox"/> Age-Weighting <input type="checkbox"/> Cross-Testing/New Comparability) |   |

**PROSPECTIVE CLIENT INFORMATION**

Name of Firm \_\_\_\_\_

Date Business Began \_\_\_\_\_ Fiscal Year End \_\_\_\_\_ Number of Employees \_\_\_\_\_

- |                |  |  |  |
|----------------|--|--|--|
| Type of Entity | <input type="checkbox"/> Corporation     | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Limited Liability Company |
|                | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Non-Profit Organization   |

Ownership of this Firm (name, %) (Skip this question if you need administrative pricing ONLY.) \_\_\_\_\_

Do any children, spouses, or parents of the owner(s) work for this firm? (List names of children, spouses, or parents.)  
(Skip this question if you need administrative pricing ONLY.)

Do any owners of this firm own a portion of any other business? (Skip this question if you need administrative pricing ONLY.)  
 no  yes (additional information may be necessary)

**EXISTING/PRIOR RETIREMENT PLANS**

Does this firm currently have a retirement plan?  no  yes - type(s):

IF YES: Where are the assets currently held? \_\_\_\_\_

What is the amount of current assets? \_\_\_\_\_

Is this proposal for a  Replacement or an  Addition to the current plan(s)?

Has this firm had past retirement plans?  no  yes - type(s):

IF YES: When were the prior plans terminated? \_\_\_\_\_