



RETIREMENT PLAN QUESTIONNAIRE



COMPENSATION CONSULTANTS, INC.

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RETIREMENT PLAN FEASIBILITY SURVEY

Legal name of business: _____

Address: _____ Employer Identification Number: _____

_____ Phone: _____

_____ Fax: _____

_____ E-mail address: _____

Mailing address (if different): _____

If you have questions or concerns regarding this questionnaire call Compensation Consultants, Inc. toll-free (800) 275-3362

Type of business: Regular Corporation Unincorporated S-Corporation
 Privately Held Sole Proprietorship Limited Liability Company
 Publicly Held Partnership Professional Services Corporation

Date business was started: _____ Date of incorporation: _____

Name of predecessor business and type of entity: _____

Description of business activity: _____

	<u>CPA/Accountant</u>	<u>Investment Advisor</u>	<u>Attorney</u>	<u>Insurance Agent</u>
Name	_____	_____	_____	_____
Company	_____	_____	_____	_____
Address	_____	_____	_____	_____
	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Fax	_____	_____	_____	_____

Total number of employees _____ as of _____

Do any shareholders or owners have ownership interest in any other company? Yes No

If yes, please describe: _____

Company objectives: Tax Deductions Retain Long-Term Employees
 Employee Benefit Package Increase Company Profits
 Employee 401(k) Contributions Primarily Benefit Owners
 Recruit Quality Employees To Benefit Owners & Employees

Please comment on what your goals are for this plan: _____

If you have any existing or prior qualified retirement plans, please describe: _____

Person to contact for additional information: _____

Compensation Consultants, Inc. representative you have been referred to: _____

