



Retirement Plan *Feasibility Request*

Exact legal company name: _____

Street address: _____

City, State, ZIP: _____

Responsible Plan Fiduciary/Plan Trustee: _____ Plan Trustee: _____

E-mail: _____ Phone: _____ Fax: _____

Tax Id #: _____ Daily Contact: _____

Type of plan desired: ☐ 401(k) ☐ Profit Sharing ☐ Defined Benefit Other _____

Type of business: ☐ LLC ☐ Sole proprietor ☐ Partnership ☐ C corp. ☐ S corp.

How is the LLC taxed? ☐ Corporation ☐ Partnership ☐ S Corp ☐ Single Member

Business Inception Date: _____ Fiscal Year End: _____

Multiple Locations: ☐ No ☐ Yes Owner: _____ Percentage: _____

Owner: _____ Percentage: _____ ☐ ☐

Do you own other businesses and/or does your spouse or any other family members? ☐ No ☐ Yes

(If yes, complete the Additional Businesses Owned form)

Do you now or have you in the past had a Qualified Plan (check which type below)? ☐ No ☐ Yes

☐ 401(k) ☐ Profit Sharing ☐ Money Purchase ☐ Defined Benefit

Where are the assets being held: _____ Existing Plan Year End: _____

If you have a qualified plan we must have copies of the following immediately:

- The Adoption Agreement & Plan Document
- Most recent Valuation
- Most Recent 5500 form filed

Do you have a ☐ **SEP IRA or a** ☐ **Simple IRA – if so what was the last year funded:** _____

What are the main objectives in opening the plan? _____

How much is the employer anticipating contributing annually? _____

Submitted by:

Broker/Agent name: _____ Date needed: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

Please return along with completed Employee Census Form to:

Jayne Hastings
The Senex Group
6200 Canoga Ave. Suite 325
Woodland Hills, CA 91367

Phone: 818.593.3535
Fax: 818.703.0935
jayne@senexgroup.com



Retirement Plan *Employee Census*

Exact legal company name: _____

Data as of Prior Fiscal Year: _____ Controlled Group: ☐ N/A ☐ No ☐ Yes

Name of Employee	M/F	Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	Officer/ Director Y / N	% Stock / Business Owned	Current Annual Compensation*	# of Hours**	Job Title	Smoker Y / N	Relationship to Owner
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										

Must have Compensation History on ALL Employees for the Past Three (3) Years

**Compensation is W-2 wages increased by elective contributions (Section 125-Cafeteria Plans and 401(k) deferrals). For Sole Proprietors and Partnerships compensation is earned income subject to self employment tax. The Senex Group assumes responsibility solely for the accuracy of calculations without regard to the validity or accuracy of the information provided.*

Desired contribution/deduction: \$ _____

Please indicate any known health conditions that the employees may have.

***If hours are currently less than 1,000 please indicate whether the employee ever worked 1,000 or more hours in any prior year.*

Submitted by:

Broker/Agent name: _____ Date: _____

Address: _____

Phone: _____ E-mail address: _____

Wholesaler/Referral source: _____

Please return along with the completed Retirement Plan Proposal Request to:

Jayne Hastings
The Senex Group
6200 Canoga Ave. Suite 325
Woodland Hills, CA 91367

Phone: 818.593.3535
Fax: 818.703.0935
jayne@senexgroup.com