

Binghamton Office: 100 Court Street Binghamton, NY 13901 (607) 723-3551

Confidential Questionnaire RETIREMENT PLAN AND EMPLOYEE BENEFITS

FACT FINDER

"Your One-Stop Solution for Comprehensive Benefits."

Please provide me a proposal regarding (check all that apply):								
401(k) and Profit Sharing	Defined Benefit							
401(k) Profit SharingProfit Sharing (Stand Alone)DASH 40(k)	☐ Traditional Pension ☐ "Fully Insured" 412(e)(3) ☐ Cash Balance							
Worksite								
☐ Whole Life LP95								

Retirement Plan Design

Binghamton Office 855-861-1584 (Ext.7337) Fax: 607-772-6726

Email: qplans@smlny.com

Worksite Marketing

Stanley J. Grabowski 800-346-7171 (Ext. 7290)

Fax: 607-723-5651

Email: sgrabows@smlny.com

For more information visit www.smlplans.com

By completing this questionnaire you understand and acknowledge that by either not fully or accurately completing this questionnaire, any design study provided may be inappropriate to the needs and objectives of the client.

CONFIDENTIAL FACT FINDER

I. EMPLOYER INFORMATION (Required for All)

	` 1								
A.	. Employer Name:	City and S	tate:						
В.	. 🗖 Calendar Year End	Fiscal Year End:							
C.	. Number of Employees:								
D.	. Type of Organization: Corporation	Non-Incorporated	LLC or Other						
	Regular "C"	☐ Sole Proprietor	☐ Taxed as Sole Proprietor						
	☐ S Corporation	Partnership or LLP	Taxed as Partnership						
-	Th								
E.	. The owners, officers and key personne Name	Percent Owned							
l	-								
			-						
II. AC	GENT INFORMATION								
A.	. Agent Name:								
В.	. Phone:	Email Address:							
C.	. General Agent (if different):		Not yet contracted with SML						
D.	Broker/Dealer:		Not a Registered Representative						
E.	. Additional Comments:								
III. R	ETIREMENT PLAN DESIGN								
A.	Regarding controlled or affiliated service groups, please complete the summary below if there are any affirmative answers to the following questions: 1. Do the key personnel own any part of or operate any other trades or businesses? 2. Are the revenues of the Employer directly generated by businesses with any common ownership? 3. Are major job-related functions performed by leased employees or by employees of a separate business? Related Companies Owner's Name Percent Owned								
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		_							

III. RETIREMENT PLAN DESIGN (continued)

	B. Does the Employer or any related Employer sponsor a qualified retirement plan? If so, complete the summary submit a copy of the Summary Plan Description (SPD) if available:									
		Type of Plan	Plan Formula							
		Leave in place Terminate	e							
	C.	What are the goals of the new plan? (check all that apply) 401(k)/Profit Sharing	Defined Benefit/"Fully Insured"							
		☐ Flexibility	☐ Large Employer Contributions							
		☐ Employee Participation (Salary Deferrals)	☐ Maximize Retirement Benefits							
		☐ Broad Investment Array	☐ Stable or Guaranteed Investments							
	D.	What is the Employer's Budget: 🔲 \$ or	☐ % of the payroll							
	E.	Who are the Preferred/Favored Participants:								
	F.									
	G.	Life Insurance Needs:								
IV.	WO	DRKSITE								
	A. B.	Industry Description or SIC Code*: Worksite Benefit(s) (available in most states for 10 lives or not state whole Life LP95								

^{*} To determine if industry is eligible for benefits, call: 800-346-7171 (Worksite)

PROPOSAL CENSUS DATA

Listing of All Employees

First Name	Last Name	Sex	Birth Date M / D / Y ¹	Hire Date M / D / Y²	Percent Owned	W2 Compensation	Schedule C or K1 Income ³	Annual Hours Worked If Part Time	Insurance: PP=Pref. Plus P=Preferred N=Nonsmoker PS=Pref. Smoker S=Smoker SPNS=Standard Plus Nonsmoker ⁴	Family Member of Owner? ⁵	Job Description or Exclude from Group ⁶

¹Dates of birth should be listed, not ages.

²Date of hire will determine eligibility.

³Non-incorporated business owners do not receive W2 wages; they receive a Schedule C or K1 Distribution. S Corp. owners and some LLC members receive both W2 and K1; each should be entered here. Make sure that income entered in this column is accurate and can be documented.

⁴Only available for select products.

SA spouse or linear family member of a 5 percent owner affects plan testing and group insurance "carve-out" plans—enter the relationship to the owner (e.g., spouse, son, etc.) Use this column to convey notes for "carve-out" plans or other important information you want to share; otherwise you may leave this blank.