



New Client/Prospect Information Form

Company Data

Legal Company Name: _____

Address: _____

City, St. ZIP: _____

Phone Number: _____

Fax: _____

Primary Contact Name: _____

Email: _____

Administrative Contact (if different): _____

Email: _____

Type of Entity:

- Checkboxes for S Corporation, C Corporation, Partnership, Professional Corporation - C Corp, Professional Corporation - S Corp, LLC or LLP Taxed as a C Corp, LLC or LLP Taxed as an S Corp, LLC or LLP taxed as a Sole Prop/ Partnership, Sole Proprietorship, Non-Profit

Employer Tax Identification Number: _____ Employer Taxable Year-end (MM/DD): _____

Business/NAICS Code: _____ Invoices shall be emailed to: _____

Defined Contribution Plans Only (this question does not apply to defined benefit plans):

Distribution fees are to be paid by: [] Company [] Participant taking the distribution

Ownership Questions

During the current year, have any of the company's owners had ownership interests in other entities? [] Yes [] No

During the current year, have any family members of the company's owners had ownership interests in other entities? [] Yes [] No

Does the company employ any relatives of the owners? [] Yes [] No

Existing Plan Data

Has the company ever sponsored a retirement plan that was terminated? [] Yes [] No

Does the company currently sponsor a retirement plan? [] Yes [] No If yes, please complete the remainder of this section.

Plan Name: _____

Plan Type: _____ Plan #: _____ TIN: _____ Effective Date: _____

Financial Institution: _____ Number of Participants: _____ Owner Only? [] Yes [] No

Defined Contribution Plans Only: Can participants direct their own investments? [] Yes [] No

Signature: By signing below, I acknowledge that the information provided herein is accurate to the best of my knowledge.

Signature

Date

Name (Printed)

Title

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