WATERFORD ADVISORS LLC

Relationships Beyond Investing

Start Up Retirement Plan Questionnaire

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3858 North Buffalo Rd., Ste 2 | Orchard Park, NY 14127 | 716-580-3906 | Fax 716-580-3913 | www.waterfordadv.com

Start Up Retirement Plan Questionnaire

There are key pieces of information needed when providing pricing and recommendations for a retirement plan. Please complete this form as accurately and completely as possible and return to us so that we can provide personalized recommendations for your company.

CONFIDENTIAL: Your information will be kept confidential and will never be provided to anyone without your consent.

Company Information:

Company Name:_____

Business Structure:_____

Ex.: C-corp, S-corp, P-ship, LLC, LLP, Sole Proprietor

Company Address: _____

_____

Company Phone: _____

Company Fax: _____

Company Start Date: _____

Company EIN: _____

Company Fiscal Year End: _____

Primary Contact Name: _____

Contact Phone:_____

Contact Email: _____

Current Payroll Provider: _____

Have you ever had a retirement plan in the past: Yes or No? _____

If yes, please describe the plan type and when the plan was terminated or if it is still active: _____

_____

_____

Do you employ 1099 workers: Yes or No? _____

Do you have ownership in any other businesses: Yes or No? _____

If yes, please describe: _____

_____

_____

Plan Information:

Type of plan you're interested in? ❑401(K) ❑SIMPLE IRA ❑Other

How will you run your plan? ❑Calendar Year ❑ Bus Fiscal Year

If fiscal year, what is the month end? _____

For what tax year do you wish to make your first contribution?

❑Current Year ❑Following Year

Plan Goals / Objectives:

What is your primary interest in offering a retirement plan? (check all that apply): ❑Attract and retain employees ❑Help employees save for retirement ❑Take advantage of pre-tax deferrals ❑Take advantage of tax deductions for my business ❑Satisfying a state retirement plan mandate

How important is employee participation in the retirement plan to you? (check one): ❑Very Important ❑Important ❑Neutral ❑Not Important

What level of funds as the employer are you willing and able to contribute towards the company retirement plan for your employees on an annual basis? _____

_____

Do you have any other notes or comments regarding a desired retirement plan that we should be aware of?

_____

_____

Confidential Ownership Census: add additional pages as necessary

First Name, Last Name	Title / Family Member Relationship	% Ownership	Date of Birth	Date of Hire	Annual Comp (please indicate from) W-2, K-1, Schedule C, etc.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Confidential Employee Census: add additional pages as necessary

First Name, Last Name	Annual Hours of service	Date of Birth	Date of Hire	Date of Termination	Annual Comp (please indicate from) W-2, 1099
1.					
2.					
3.					
4.					
5.					
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25.					

Thank you for taking the time to complete this important document.

Please return to Waterford Advisors by mail, fax (716) 580-3913, or email: cmm@waterfordadv.com.
If you have any questions, feel free to contact us at (716) 580-3906.

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