

# Employee Data

Name of Employer \_\_\_\_\_

Date \_\_\_\_\_

Sheet No. \_\_\_\_\_

No.	S.S. Number	Employee Name	Date of Birth	Date of Hire	Sex	Gross Pay	Officer Y or N	% of Ownership	Family Group/ Relationship
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									

For any 5% or more owners assign a letter for that family and identify any family members.  
 For family members of a 5% or more owners indicate the relationship (i.e. son, daughter etc.)



**15. What do you expect to accomplish by setting up this plan?**

- |    |   |       |      |
|----|---|-------|------|
| a. | Maximize benefit for owners/highly compensated? | ! Yes | ! No |
| b. | Attract and retain key employees?               | ! Yes | ! No |
| c. | Provide a benefit for all employees?            | ! Yes | ! No |
| d. | Other goals (specify) _____                     |       |      |

**16. Affiliated Companies:**

Company Name	Owner 1 /% Own	Owner 2 /% Own	Owner 3 /% Own	Owner 4 /% Own	Owner 5 /% Own
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____

**17. Referred by:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**18. Fund Family:** \_\_\_\_\_

**19. Asset Manager:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**20. C.P.A.** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

\*List the 5 largest owners of the employer and the percentages of ownership for each owner  
 \*\*The amount of money that will be contributed by the employer exclusive of employee contributions.  
 If a range of contributions is needed, enter the range.

**Notes:**

Complete the attached census form so that we may analyze the employer and provide options tailored to this employer.