



# Designing Retirement Plans for Maximized Contributions

PERFORMING TO A HIGHER STANDARD

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Primary Employer Information

**BUSINESS INFORMATION**

Business Legal Name		Business E.I.N. #	
Phone	Fax	Employer Fiscal Year End	Employer Business Code
Address			
City	State	Zip Code	

**PRINCIPAL CONTACT INFORMATION**

Name	Email
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**ADDITIONAL CONTACTS**

Name	Email
Name	Email

Please note: If you identify more than one contact above, please ensure that you indicate which contact is the principal contact to whom all correspondence with respect to the plan will be sent. Also, each contact listed must be permitted to view, provide and receive confidential information with respect to your organization and its employees.

**Type of Entity (select one of a, b, c, or d):**

☐ A. Limited Liability Company
 ☐ B. Partnership
 ☐ C. N Corporation D.
 ☐ Other:

**Owners, Officers, Directors, Relatives**

Please enter in the spaces below the name of each owner, officer, and director of the Primary Employer

NAME	OWNERSHIP %	OFFICER/TITLE

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer please list them below.

NAME	RELATIVE OF	RELATION

**RELATED EMPLOYER DETERMINATION**

Hacienda considers all employers that are part of a controlled group or affiliated service organization as a single employer (even if you are self-employed and own stock/shares or are affiliated with another 'related' business). It is extremely important you provide us with information about all employers that are related, particularly if they have employees. We recommend that you consult with your tax attorney/CPA before answering the following questions if you are unclear about the answers to the questions below:

Is the Primary Employer a member of a controlled group of businesses?

Is this employer affiliated with any other employer as part of an affiliated service group?

☐ Yes ☐ No  
☐ Yes ☐ No

BUSINESS NAME

**EMPLOYEE INFORMATION**

Do you have any employees who perform services for another company and who get W2 from another company or leasing company?

☐ Yes ☐ No

If "Yes" provide us with the name and phone number of the contact of leasing company:

Company Name	Phone

Is the Primary Employer or any Related Employer a member of a Professional Employer Organization (PEO)?

☐ Yes ☐ No

If "Yes", provide us with the name and phone number of the contact at the PEO:

Contact Name	Phone

If "Yes", has the Primary Employer or a Related Employer adopted the PEO's qualified retirement plan?

☐ Yes ☐ No

Are any employees or group of employees of the Primary Employer, or of a Related Employer, subject to a good-faith collective bargaining agreement, i.e., union employees?

☐ Yes ☐ No

If "Yes", provide us with name and phone number of the contact of the union:

Contact Name	Phone

If there are union employees, do you want to exclude these employees from the plan design?

☐ Yes ☐ No

**PRIOR OR EXISTING PLAN INFORMATION**

Does the Primary Employer or a Related Employer currently sponsor another qualified plan?

☐ Yes ☐ No

If "Yes", identify below:

PLAN NAME	EIN#	HACIENDA PLAN#	PLAN STATUS

If the Primary Employer or a Related Employer currently sponsors any of the following qualified plans, please check the appropriate box:

☐ 1165(e) ☐ Profit Sharing ☐ Keogh  
☐ Defined Benefit ☐ Cash Balance

**ACCOUNTANT INFORMATION**

Does the employer use the services of an accounting firm? (If "Yes", please identify below).

☐ Yes ☐ No
  
 Name

  
 Email
**ACCOUNTANT FIRM INFORMATION**
  
 Firm name

  
 Phone

  
 Fax

  
 Address

  
 City

  
 State

  
 Zip Code
**OTHER INFORMATION**


Predecessor Third Party Administrator (TPA):

  
 Phone

  
 Fax
**TPA CONTACT INFORMATION**
  
 Name

  
 Email
**TAKEOVER EFFECTIVE DATE**

Effective Date for Takeover/Conversion — for example, if you will be using your prior TPA through the valuation for the plan year ending December 31, 2012, the effective date for our takeover/conversion of your plan is January, 01, 2011:

  
 Effective Takeover Year
**REVIEW PLAN PROVISIONS**

Would you like us to review the existing plan provisions for possible changes?

☐ Yes ☐ No

If "Yes", identify the specific plan provisions you would like us to evaluate below:

PROVISION	COMMENTS

**Attestation:**

I hereby confirm that the above (and the information on any addendum) is complete and accurate.

  
 Printed Name

  
 Company Name

 /  /   
 Date

If related employers exist, the addendum must be completed for each additional employer that will have W-2 employees.

**BUSINESS INFORMATION**

<input type="text"/>			<input type="text"/>
Business Legal Name			Business E.I.N. #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Employer Fiscal Year End	Employer Business Code
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	

**PRINCIPAL CONTACT INFORMATION**

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Name	Email

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