

CONFIDENTIAL CLIENT DATA FORM INSTRUCTIONS

This Adobe Acrobat form has been designed to be easy to complete. By placing your cursor on any of the lines where information is required and clicking your left mouse button, you are able to type information directly into the form.

You may move from line to line by using your mouse, or by pressing the Tab key. Check boxes () can be activated by placing your cursor over the box and clicking your left mouse button.

Once the form has been filled in completely, you may then print it out and fax it to 310-821-1529.

If you need any assistance while completing this form, please drop us a line via email to Guy@benplaninc.com, or call us at 310-577-1444.

Thank you for the opportunity to be of service.

Benefit Planning, Inc.

CONFIDENTIAL CLIENT DATA FORM

1. **LEGAL NAME OF COMPANY:** _____

DBA: _____

2. **COMPANY ADDRESS:** _____

3. **TELEPHONE#** _____ **FAX#:** _____

EMAIL: _____

4. **TRUSTEE/OFFICER CONTACT:** _____ **TITLE:** _____

TELEPHONE# _____ **FAX#:** _____

EMAIL: _____

5. **DAY TO DAY CONTACT:** _____ **TITLE:** _____

TELEPHONE# _____ **FAX#:** _____

EMAIL: _____

ADDRESS: _____

(if different)

6. **EMPLOYER ID #** _____

7. **TRUST ID #:** _____

Benefit Planning, Inc.
CONFIDENTIAL CLIENT DATA FORM

8. **ACCOUNTANT** _____

FIRM: _____

ADDRESS: _____

ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

CC: Yes

9. **ATTORNEY:** _____

FIRM: _____

ADDRESS: _____

zip: _____

PHONE: _____

FAX: _____

EMAIL: _____

CC: Yes

10. **INVEST. ADV.:** _____

FIRM: _____

ADDRESS: _____

ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

cc: Yes

11. **OTHER(specify):** _____

FIRM: _____

ADDRESS: _____

zip: _____

PHONE: _____

FAX: _____

EMAIL: _____

cc: Yes

12. **NATURE OF BUSINESS:** _____

13. **DATE BUS. BEGAN/OR INCORP** _____ 14. **I.R.S. BUSINESS CODE:** _____

15. **PLAN YEAR END** _____ 16. **FISCAL YEAR END:** _____

17. **TYPE OF ORGANIZATION:** _____

SOLE PROPRIETOR PARTNERSHIP LLP LLC C CORP. S CORP. NON-PROFIT

18. **PREDECESSOR BUSINESS NAME(IF ANY):** _____

SOLE PROPRIETOR PARTNERSHIP LLP LLC C CORP. S CORP. NON-PROFIT

EMPLOYER ID #: _____

DATE BUS. BEGAN/OR INCORP.: _____

Benefit Planning, Inc.

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19. OWNERSHIP:

	<u>OWNERSHIP %</u>	<u>BD. OF DIRECTORS/ EXEC. COMMITTEE</u>	<u>COVERED BY ANY OTHER PLAN?</u>
		YES NO	YES NO
NAME: _____ TITLE: _____	____%		
NAME: _____ TITLE: _____	____%		
NAME: _____ TITLE: _____	____%		
NAME: _____ TITLE: _____	____%		
NAME: _____ TITLE: _____	____%		

20. CONTROLLED ORGANIZATIONS & AFFILIATED SERVICE GROUPS:

- A. DOES THIS COMPANY OR ANY Owner OR THE SPOUSE OF ANY Owner LISTED ABOVE OWN ANY PART OF ANY OTHER ORGANIZATIONS? YES NO
- B. IF 20A IS **YES**, complete a separate '*CONFIDENTIAL CLIENT DATA FORM*'.

21. CURRENT PLANS:

ARE THERE, OR HAVE THERE EVER BEEN, ANY RETIREMENT PLANS NOW IN FORCE SPONSORED BY THIS COMPANY?

- | | |
|-------------------------------|---------------------------|
| 1. NONE | 7. TARGET BENEFIT PENSION |
| 2. PROFIT SHARING | 8. TAX SHELTERED ANNUITY |
| 3. 401(k) ONLY | 9. EMPLOYEE STOCK OPTION |
| 4. 401(k) PROFIT SHARING PLAN | 10. SEP OR SARSEP |
| 5. MONEY PURCHASE PENSION | 11. SIMPLE IRA |
| 6. DEFINED BENEFIT PENSION | 12. SIMPLE 401(k) |

Benefit Planning, Inc.

CONFIDENTIAL CLIENT DATA SHEET

22. **PRIOR TPA (WHEN CHANGING TO BPI ADMINISTRATION OF AN EXISTING PLAN)**

FIRM NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____

23. **HAVE ANY CONTRIBUTIONS ON BEHALF OF ANY OWNER LISTED IN ITEM 19 EVER BEEN MADE TO PLANS SPONSORED BY A PROFESSIONAL ORGANIZATION?** (e.g., SCREEN ACTORS, DIRECTORS OR WRITERS GUILDS, BAR ASSOCIATION, etc.):

YES NO

GUILD(S)NAME: _____

24. **DOES THE COMPANY HAVE ANY UNION EMPLOYEES?:** YES NO

25. **LEASED EMPLOYEES:**

A. HAVE ANY EMPLOYEES PERFORMED SERVICES AS LEASED EMPLOYEES FOR YOUR COMPANY OR FOR ANY MEMBER OF A CONTROLLED GROUP OR AN AFFILIATED SERVICE GROUP OF WHICH YOUR COMPANY IS A MEMBER? YES NO

B. LIST ALL LEASED EMPLOYEES ON A SEPARATE PAGE IN THE SAME FORMAT AS PROVIDED ON YOUR ANNUAL EMPLOYEE CENSUS FORMS. INDICATE WHICH LEASED EMPLOYEES, IF ANY, WERE COVERED BY A SAFE HARBOR PLAN.*

*A SAFE HARBOR PLAN IS MONEY PURCHASE PENSION PLAN MAINTAINED BY THE LEASING ORGANIZATION WHICH PROVIDES: (A) A NON-INTEGRATED CONTRIBUTION RATE OF AT LEAST 10% AND (B) IMMEDIATE PARTICIPATION AND FULL VESTING. IT IS NOT AVAILABLE IF MORE THAN 20% OF NON-HIGHLY COMPENSATED EMPLOYEES ARE LEASED.

CLIENT: _____ DATE: _____
(Plan Sponsor Signature)

CLIENT: _____
(Please Print)

MARKETER SIGNATURE: _____ DATE: _____