

CONSULTATION REQUEST

Please complete **all sections** and return the form to Mark D. Swedelson, CPA at mds@gsapension.com. Feel free to call us at (818) 501-2900 if you have any questions or need assistance.

COMPANY NAME: _____

ADDRESS: _____

COMPANY CONTACT: _____ NATURE OF BUSINESS: _____

PHONE: _____ PHONE: _____ FAX: _____

YOUR ROLE: _____ NUMBER OF EMPLOYEES: _____

TYPE OF BUSINESS ENTITY: _____

Has your business ever maintained a retirement plan? ___ YES ___ NO

If yes,

INITIAL EFFECTIVE DATE: _____ PLAN YEAR-END: _____

EMPLOYER TAX ID: _____ TAX YEAR-END: _____

CURRENT THIRD PARTY ADMINISTRATOR: _____

CURRENT ASSET CUSTODIAN: _____

Please list all owners including spouses and any additional businesses.

NAME OF OWNER		NAME OF BUSINESS	OWNERSHIP
			%
			%
			%
			%
			%

Please rate the following plan goals in degree of importance to you.

	NOT IMPORTANT	NOT SURE	VERY IMPORTANT
GREATER TAX DEDUCTIONS FOR THE OWNER(S)			
ABILITY TO ATTRACT AND RETAIN QUALITY EMPLOYEES			
EMPLOYEE 401(K) OR PRE-TAX ROTH CONTRIBUTIONS			
EMPLOYER MATCHING CONTRIBUTIONS			
LIMITED DISTRIBUTION ACCESS FOR EMPLOYEES			
LOAN PROVISIONS			
DAILY ONLINE ACCESS TO PARTICIPANT ACCOUNTS			

Please include any **employees who terminated** during the year and indicate their date of termination under "Notes".

Additionally, if any **family members** are employed by the company, please indicate relationship under "Notes".

	NAME	SEX	DATE OF BIRTH	DATE OF HIRE	LESS/MORE THAN 1000 HOURS	GROSS WAGES	NOTES
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