

# Fact Finder

## 412(i) Fully Insured Plan

### Advisor Information

Name	Phone	Fax
Address	City/State/Zip	Email

### Client Information

Business Name	City/State	Telephone
Fiscal Year MM/DD/YYYY	Date Organized	Date of Incorporation

Type of Business Entity: C Corp  S Corp  Partnership/LLC  Professional Corp  Sole Proprietorship

Does the business or its shareholders own or control any other business(s), or is this business a member of an affiliated group?  Yes  No  
If yes, please include employees from such businesses on separate census:

Related Companies

Owners' Names & Percentages

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Does the employer lease any employees?  Yes  No

If yes, does the leasing organization provide required minimum pension for these employees?  Yes  No

Are there any union employees?  Yes  No

If yes, are they to be excluded from the plan because good faith bargaining has occurred for pension benefits?  Yes  No

Has the business ever maintained, does it now maintain, or does it intend to install any other Qualified Retirement Plan?  Yes  No

If yes, please provide the following:

Type of Plan

Plan Formula

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Does this proposal involve the existing plan?  Yes  No

Eligibility

Normal Retirement Age \_\_\_\_\_

Attained Age \_\_\_\_\_ (maximum age 21)

Years of Service \_\_\_\_\_ (maximum 2)

# Proposed Plan Information

Effective Date     /    /     Insurance     /    /      
MM/DD/YYYY MM/DD/YYYY

Contribution Amount \$\_\_\_\_\_ Is life insurance funding desired? Y / N If yes, how much? \_\_\_\_\_

Multiple of monthly benefit \_\_\_\_\_ or \_\_\_\_\_ % of contribution

Employer's main objectives in adopting this retirement plan: \_\_\_\_\_

Employees to favor, or highly compensated to exclude:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comparisons, if any, to 412(i) (Check all that apply):

	Defined Benefit	Money Purchase	Profit Sharing	401(k)
Integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Name	M/F	Smoker	DOB* mm/dd/yyyy	Date of Hire mm/dd/yyyy	Ownership %	W-2 Compensation*	Position	Part Time
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>
8.									<input type="checkbox"/>

\*Date of Birth is **required**, not just employee's age.  
 If there is more than 8 employees, contact your BISYS representative.

**Notes:**

\_\_\_\_\_ Pension Proposal  
 \_\_\_\_\_ Insurance/Annuity Proposal Only  
 \_\_\_\_\_ Both

Advanced Sales Director \_\_\_\_\_

BISYS Sales Office \_\_\_\_\_

Email \_\_\_\_\_

Date to Carrier \_\_\_\_\_

\* S-Corps: K-1 income not eligible. Please include K-1 income in notes section. Sole Proprietors, Partnerships, LLCs: List net income before reduction for pension contribution and self-employment tax.