

Plan Evaluation Survey

PEO Name: _____

Company Name: _____

Rep: _____ Date: _____

Tax I.D. (EIN #): _____ Client Number: _____ Plan Year: _____

Your Primary 401(k) Contact Person: _____ Contact Email: _____

Company Address: _____ Phone #: _____

Fax #: _____

New Client Existing Client Prospective Client

Did your company have a 401(k) Plan during the prior year? Yes No

If yes, was the plan Top-Heavy during the prior year? Yes No

Does your company have an existing retirement savings plan? Yes No

Identify Highly Compensated Employees: (Total Must Equal 100%)

(A) Identify all company owners:

_____ % _____ %
 _____ % _____ %

(B) Identify employees who are relatives of individuals who own more than 5% of the company:

Name of Relative:

(C) Identify employees who you paid in excess of \$120,000 in the prior year:

(D) Company Officers and Titles:

Type of Corporation:

C = C Corp P = Partnership LLC = Limited Liability Company 501(c)3 Non-Profit S = S Corp. SP = Sole Prop.

Please report any future changes of ownership to Slavic immediately.

Date of Your Company's Incorporation: _____ Fiscal Year _____ Calendar Year _____

Number of Part-Time Employees: _____ Number of Employees over 21: _____ Number of Employees: _____ Gross Payroll Annually: _____

Does the payroll include owners? Yes No Will any owners participate in Plan? Yes No Payroll Frequency: _____

Main reason to set up Plan? Personal Savings Reduce Turnover Competitive Requirement Provide Plan to help employees

Qualifying Questions for Client Company Owner or Officer: (If you answer *yes* to any of the questions, please provide details.)

Do any owners, spouses or minor children own part of any other business with employees? Yes No

Is your company a subsidiary of any other company? Yes No

Is the company part of a controlled group of companies? Yes No

Has the company ever sponsored a qualified retirement plan? Yes No

If yes, the prior plan number (i.e. 001 002) is: _____

Does the company currently sponsor a qualified retirement plan? Yes No

Does the company have a plan it wants to merge? Yes No

Will your company consider participating in the PEO plan by way of a matching and/or profit sharing contribution? Yes No

Are there any assets and participants currently in any other qualified retirement plan? Yes No

 Name of person completing survey

 Signature of Owner/Company Officer/Trustee Date

 Title of person completing survey

 Email address

Send Completed Forms to:

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