



Proposal Request

The data below will provide the information necessary to generate a plan proposal. Please complete all information.
Please fax to 410-321-0118, Attn: June Lease or email to june@willowfinancial.com

Employer Name: _____ EIN: _____-

Employer Address: _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Business Entity Type:

- C-Corp. (W2) S-Corp. (W2) Partnership (K-1) Sole Proprietor (net Schedule C) LLP
- LLC (Partnership / Corporation / Sole Proprietor)

Fiscal Year: _____ Desired annual contribution: \$ _____ Anticipated retirement age of owner: _____

Plan Design Proposals:

- Traditional Defined Benefit 412(i) Defined Benefit Profit Sharing 401(k) Profit Sharing
- Safe Harbor 401(k) Profit Sharing Creative Design (Cash Balance Floor Offset)

Does the employer currently have a retirement plan? Yes No **In the past?** Yes No
(Including a SEP, SIMPLE or any other retirement plan) *What type?* _____

Do the owners have ownership interests in other businesses? Yes No
If yes, explain: _____

Is the employer a controlled group or affiliated service group? Yes No
If yes, explain: _____

Does the employer use leased employees, union employees or independent contractors? Yes No
Please indicate on census.

When do you need your proposal? _____

Signature: _____ Date: _____

Prepared by _____ Company Name _____

Address _____

Phone _____ Fax _____ Email (required) _____