

COMPANY INFORMATION FORM

COMPANY INFORMATION

Effective Date _____

| | | | |
|---|------------------------------------|-------------------------|----------------------------|
| Company Name (DBA, common company name) | | Legal Company Name | |
| Company Tax ID | Fiscal Year End | # of Employees | Date of Business Inception |
| Form of Entity | If LLC/LLP, indicate tax treatment | Company Phone | |
| Street Address | | City | State Zip |
| Primary Contact Name | | Primary Contact Email | Primary Contact Phone |
| Authorized Signer (if different from primary contact) | | Authorized Signer Email | |

PAYROLL INFORMATION

| | | | |
|---|---------------------|--|-----------------------|
| Payroll Frequency | Payroll Day of Week | Most Recent Pay Date | Payroll Description |
| Payroll Company | | | |
| Payroll Company Contact | | Payroll Contact Email | Payroll Contact Phone |
| Company Contact to receive Notice of ACH Pull Notice: | | Company Contact Email for ACH Pull Notice: | |

Prior/Other Plan Information

| | | |
|---|-----------------------------------|---|
| Do you have an existing plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Prior Plan Name: | Prior Plan Type (Individual/MEP): | Approximate Plan Balance: |
| Prior Plan Provider: | Prior Plan Contact Info: | |
| Does your company sponsor another type of retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, Plan Type (cash balance, defined benefit, profit sharing, etc): |

FOR ALL ANSWERS BELOW, PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

RELATED COMPANIES (Including but not limited to holding companies, parent companies, sister companies)

| Related Company Name | Relationship | # of Employees (approximate) |
|----------------------|--------------|------------------------------|
| | | |
| | | |
| | | |

OWNERS AND OFFICERS OF THE COMPANY

| Owner/Officer Name | Ownership % | Officer | Current Year Income |
|--------------------|-------------|------------------------------|---------------------|
| | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> Yes | |

FAMILY RELATIONSHIPS BETWEEN OWNERS AND OTHER EMPLOYEES

| Owner Name | Relative Name | Relationship (spouse, brother, child, etc) |
|------------|---------------|--|
| | | |
| | | |
| | | |
| | | |

HIGHLY COMPENSATED EMPLOYEES (please list any employee that earned over \$155k in 2024)

| Highly Compensated Employee | Highly Compensated Employee | Highly Compensated Employee |
|-----------------------------|-----------------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

NAME: _____

SIGNATURE: _____