

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ 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: _____