



# RETIREMENT PLAN PROPOSAL QUESTIONNAIRE

Financial Consultant: \_\_\_\_\_ Client Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

I. Plan Information

New Plan     Conversion    Total Conversion Plan Assets: \_\_\_\_\_

II. Plan Type

401(k)     Profit Sharing Only     403(b)     Money Purchase     Other: \_\_\_\_\_

III. Recordkeeping Service

Full Recordkeeping     Co-recordkeeping     Testing Only

IV. Investment Vehicle

Individual Accounts     Pooled Accounts     Brokerage Accounts

V. Number of Employees

Number of Eligible Employees: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

VI. Effective Date of Continental Benefits Group, Inc. Recordkeeping Services: \_\_\_\_\_

VII. Program Features

Match     Profit Sharing     Integrated     Age-weighted     New Comparability

If you would like an Age-weighted or New Comparability illustration, provide the following data on all eligible employees.

Employee Name	Date of Birth	Annual Compensation	Owner yes or no	Family Member Relationship	Maximize benefit for the following ( )

If you have questions or need more information, call the Marketing Department at 609-232-3200

**Fax Proposal Request to 609-387-1791**

Number of pages included with request form: \_\_\_\_\_ (No cover page needed)

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