

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
Scan and email to david@cbginc.com or Fax Proposal Request to 609.387.1791

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

95 Connecticut Drive
Suite C
Burlington, NJ 08016-4180