Universal Employee Benefit Proposal Request

(401k, 412i, GEAR 79, GEAR 419f & Simplified Life) Fax to: 1-866-723-3660

Agent: _____

Phone: _____ Date: _____

Questions - Call us at 800-867-8376

Employer Name: _____ Tax Entity: ___ C Corp ___S Corp ___LLC ___Sole ___Part

Date Business Started: _____ Tax Yr End: _____ Date of Legal Formation: _____ State: _____

Approximate Death Benefit Desired: $ _____ Ownership in any other business __Yes __No (include details)

Approximate Contribution Desired: $ _____ Other Plans in Force: ___401k ____412i ___Defined Benefit
(percent of pay or dollar amount) ___Profit Share ___79 GEAR ___419f (Please include details)

Confidential Employee Census (include all full-time, non-union employees)

Name of Employee	Sex	Tob User	Date Birth	Date Hire	Salary (W-2 Comp)	Owner %	Officer

Plan Requested: __401k __412i __GEAR Other:_____ ***Notes:*** _____