



Proposal Request Form

Request Date: _____ Date the proposal is needed: _____

Producer Information

Name: _____ Firm: _____
 Broker Name: _____ Phone: _____
 Business Mailing address
 Street: _____
 City: _____ State: _____ Zip: _____

General Information

Name of business: _____
 City: _____ State: _____
 Number of Employees: _____ Number of Participants: _____
 Plan year end: _____
 Business Type: Regular Corp Government Proprietorship
 Professional Corp Non-profit/501(c)(3) Partnership
 Sub-S Corp Non-profit – Other
 Other: _____
 Is the business associated with any business by common ownership or by maintaining an affiliated service group? Yes No
 Is there a union with which retirement benefits have been the subject of good faith bargaining?
 Yes No
 Does the employer currently have a qualified retirement plan? (refer to the takeover checklist)
 Yes No
 Has the employer ever had a qualified retirement plan?
 Yes- Specify Type: _____ No
 Does the employer use services of leased employees?
 Yes No
 Accountant: _____
 Attorney: _____

Plan Information

A NEW PLAN including plan design, administration services.
 (For plan design, completed census form)
 TAKEOVER for and existing plan
 Type of plan: _____
 Estimated assets available to transfer during the first six months: \$ _____
 Estimated amount of annual recurring contributions during the first contract year: \$ _____
 Are surrender charges applicable? Yes – Est amount or %: _____ No
 Plan Contribution type: (check all that apply)
 Deferral Match Discretionary Safe Harbor
 Current plan service provider: _____
 Current plan annual charges: _____
 is the business dissatisfied with the administration and/or investments of the plan(s)?
 Please explain: _____

Investment Information

Please indicated the desired investment(s): _____
 Compensation Percentage: _____ % Annual deposit
 _____ % Trailer
 Call to discuss

Please Fax To: Capella, Attn: Dana Hagen
Fax: 605-444-7046 or email to dana@capellaadvantage.com