SECURITY MUTUAL LIFE

The Company That Cares.®

Clear Form

Binghamton Office:
100 Court Street
Binghamton, NY 13901
(607) 723-3551

Confidential Questionnaire
RETIREMENT PLAN AND EMPLOYEE BENEFITS

FACT FINDER

"Your One-Stop Solution for Comprehensive Benefits."

Please provide me a proposal regarding (check all that apply):

401(k) and Profit Sharing

- ☐ 401(k) Profit Sharing
- ☐ Profit Sharing (Stand Alone)
- ☐ DASH 40(k)

Defined Benefit

- ☐ Traditional Pension
- ☐ "Fully Insured" 412(e)(3)
- ☐ Cash Balance

Worksite

- ☐ Whole Life LP95

Retirement Plan Design

Binghamton Office
855-861-1584 (Ext.7337)
Fax: 607-772-6726
Email: qplans@smlny.com

Worksite Marketing

Stanley J. Grabowski
800-346-7171 (Ext. 7290)
Fax: 607-723-5651
Email: sgrabows@smlny.com

For more information visit www.smlplans.com

By completing this questionnaire you understand and acknowledge that by either not fully or accurately completing this questionnaire, any design study provided may be inappropriate to the needs and objectives of the client.

CONFIDENTIAL FACT FINDER

I. EMPLOYER INFORMATION (Required for All)

A. Employer Name:_____ City and State:_____

B. ☐ Calendar Year End ☐ Fiscal Year End: _____ mm/dd/yy

C. Number of Employees: _____ Union ☐ Yes ☐ No

D. Type of Organization:

Corporation	**Non-Incorporated**	**LLC or Other**
☐ Regular "C"	☐ Sole Proprietor	☐ Taxed as Sole Proprietor
☐ S Corporation	☐ Partnership or LLP	☐ Taxed as Partnership
		☐ Taxed as Corporation

E. The owners, officers and key personnel of the Employer are:

Name	**Title**	**Percent Owned**
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. AGENT INFORMATION

A. Agent Name: _____

B. Phone:_____ Email Address: _____

C. General Agent (if different):_____ ☐ Not yet contracted with SML

D. Broker/Dealer: _____ ☐ Not a Registered Representative

E. Additional Comments:_____

_____

III. RETIREMENT PLAN DESIGN

A. Regarding controlled or affiliated service groups, please complete the summary below if there are any affirmative answers to the following questions:

1. Do the key personnel own any part of or operate any other trades or businesses?
2. Are the revenues of the Employer directly generated by businesses with any common ownership?
3. Are major job-related functions performed by leased employees or by employees of a separate business?

Related Companies	**Owner's Name**	**Percent Owned**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. RETIREMENT PLAN DESIGN (continued)

B. Does the Employer or any related Employer sponsor a qualified retirement plan? If so, complete the summary below and submit a copy of the Summary Plan Description (SPD) if available:

Type of Plan	Plan Formula
_____	_____
_____	_____

☐ Leave in place ☐ Terminate ☐ Modify

C. What are the goals of the new plan? (check all that apply)

401(k)/Profit Sharing

☐ Flexibility
☐ Employee Participation (Salary Deferrals)
☐ Broad Investment Array

Defined Benefit/"Fully Insured"

☐ Large Employer Contributions
☐ Maximize Retirement Benefits
☐ Stable or Guaranteed Investments

D. What is the Employer's Budget: ☐ $_____ or ☐ _____ % of the payroll

E. Who are the Preferred/Favored Participants: _____

F. Does the Employer understand the benefits of Life Insurance in the Plan? _____

G. Life Insurance Needs: _____

IV. WORKSITE

A. Industry Description or SIC Code*: _____

B. Worksite Benefit(s) (available in most states for 10 lives or more):

Whole Life LP95 ☐ Yes ☐ No

** To determine if industry is eligible for benefits, call: 800-346-7171 (Worksite)*

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PROPOSAL CENSUS DATA

Listing of All Employees

First Name	Last Name	Sex	Birth Date M / D / Y[1]	Hire Date M / D / Y[2]	Percent Owned	W2 Compensation	Schedule C or K1 Income[3]	Annual Hours Worked If Part Time	Insurance: PP=Pref. Plus P=Preferred N=Nonsmoker PS=Pref. Smoker S=Smoker SPNS=Standard Plus Nonsmoker[4]	Family Member of Owner?[5]	Job Description or Exclude from Group[6]

[1]Dates of birth should be listed, not ages.
[2]Date of hire will determine eligibility.
[3]Non-incorporated business owners do not receive W2 wages; they receive a Schedule C or K1 Distribution. S Corp. owners and some LLC members receive both W2 and K1; each should be entered here. Make sure that income entered in this column is accurate and can be documented.
[4]Only available for select products.
[5]A spouse or linear family member of a 5 percent owner affects plan testing and group insurance "carve-out" plans—enter the relationship to the owner (e.g., spouse, son, etc.)
[6]Use this column to convey notes for "carve-out" plans or other important information you want to share; otherwise you may leave this blank.