

Adopting Employer 401(k) Survey



Survey completed by:

Title:

Date:

Company Name:

Primary 401(k) contact person:

Company Address:

Phone:

Fax:

E-mail:

Website:

Select Customer Type:

New Customer Existing Customer Prospective Customer

Type of Corporation:

C Corp. S Corp. Partner Sole Prop. LLC Non Profit

Date of Incorporation:

Fiscal year: Calendar year:

Call Client Directly Call Association Sponsor Contact Name: Phone:

Select Contact Preference:

Call Other Contact Name: Phone:

Did your company have a 401(k) Plan during the prior year?

Yes No Provider:

If yes, please attach copy of summary plan document (SPD), last 5500, and individualized contract.

If no, was a retirement savings plan offered? Yes No Type:

Questions for Worksite Company Owner or Operator:

- 1. Do any owners, spouses or minor children own any part of any other business with Employer? Yes No
- 2. Is this company a subsidiary of any other company? Yes No
- 3. Has the company ever sponsored a Qualified Retirement Plan? Yes No
If yes, what was the prior plan # (i.e. 001 002)
- 4. Does the company currently sponsor a Qualified Retirement Plan? Yes No
- 5. Is the company part of a controlled group of companies? Yes No
- 6. Does the company have an old plan it wants to merge Yes No
- 7. Will the company consider making a matching and/or profit sharing contribution to the plan? Yes No
- 8. Have you been part of another professional employer organization's retirement plan? Yes No
- 9. Are there any assets and participants currently on this plan? Yes No
If yes, what are the estimated Assets: What are the estimated # of participants:

Employee Information:

Number of Full-time Employees: Gross Annual Payroll:

Number of Part-time Employees:

Does payroll include owners? Yes No Will they participate in Plan? Yes No

Main Reasons to Set Up A Plan:

Personal savings Reduce turnover Competitive requirement Help employees save for retirement

Identify Highly Compensated Employees:

(A) List all owners of the company with 5% or more ownership in the current and prior year:

Name: Percent of Ownership:
Name: Percent of Ownership:
Name: Percent of Ownership:

(B) List all relatives of each owner who are on the company payroll:

Name of Relative: Relationship:
Name of Relative: Relationship:
Name of Relative: Relationship:

(C) Number of employees of the company who earned, with the employer, in excess of \$100,000 in the prior year:

Name: Name: Name: Name: Name:

Mail Completed Forms To: **Special Markets, 1150 S. Olive Street, T-10-6, Los Angeles, CA 90015**

Email Completed Forms To: Specialmarkets@transamerica.com

Fax Completed Forms To: **(213) 763-9653**

