



## NEW CLIENT COMPANY INFORMATION FORM

**COMPANY INFORMATION**

Effective Date \_\_\_\_\_

Company Name (DBA, common company name)		Legal Company Name	
Company Tax ID	Fiscal Year End	# of Employees	Date of Business Inception
Form of Entity	If LLC/LLP, indicate tax treatment	Company Phone	
Street Address		City	State      Zip
Primary Contact Name		Primary Contact Email	Primary Contact Phone
Authorized Signer (if different from primary contact)		Authorized Signer Email	

**PAYROLL INFORMATION**

Payroll Frequency	Payroll Day of Week	Most Recent Pay Date	Payroll Description
Payroll Company			
Payroll Company Contact		Payroll Contact Email	Payroll Contact Phone
Company Contact to receive Notice of ACH Pull Notice:		Company Contact Email for ACH Pull Notice:	

**Prior/Other Plan Information**

Do you have an existing plan? If Yes is selected, please include a copy of your Adoption Agreement with this form. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior Plan Name:	Prior Plan Type (Individual/MEP):	Approximate Plan Balance:
Prior Plan Provider:	Prior Plan Contact Info:	
Does your company sponsor another type of retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Plan Type (cash balance, defined benefit, profit sharing, etc):	

FOR ALL ANSWERS BELOW, PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

**RELATED COMPANIES (Including but not limited to holding companies, parent companies, sister companies)**

Related Company Name	Relationship	# of Employees (approximate)

**OWNERS AND OFFICERS OF THE COMPANY**

Owner/Officer Name	Ownership %	Officer	Current Year Income
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	

**FAMILY RELATIONSHIPS BETWEEN OWNERS AND OTHER EMPLOYEES**

Owner Name	Relative Name	Relationship (spouse, brother, child, etc)

**HIGHLY COMPENSATED EMPLOYEES (please list any employee that earned over \$135k in 2021)**

Highly Compensated Employee	Highly Compensated Employee	Highly Compensated Employee

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NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_