Mercury Financial Group

412 (i) Defined Benefit Data-Gathering Form

Complete the following information and let us design the best plan for your client.

CONFIDENTIAL DATA

1. **Business Name**	**State of Business Location**	***Fiscal Year [mo./day to mo/day]*** from to	**Date Business Organized**

2. **Type of Business Entity** ☐ **Sole Proprietor, Partnership, or LLC** ☐ **S Corporation** ☐ **Corporation**

3. **Does the business or its shareholder[s] own or control any other business[s], or is this business a member of an affiliated service group?** If yes, all such businesses may have to be covered by a similar plan. Please submit a census for all such businesses.	☐ Yes☐ No
4. **Does the employer lease any employees?** If yes, does the leasing organization provide the required minimum pension for these employees?	☐ Yes☐ No ☐ Yes☐ No
5. **Are there any Union Employees?** Are they to be excluded from the plan because good faith bargaining has occurred for pension benefits?	☐ Yes☐ No ☐ Yes☐ No
6. **Has the business ever maintained, does it now maintain, or does it intend to install any other Qualified Retirement Plan?** **If so, what type of Plan? _____** **Were contributions made for current year? _____** If yes, please furnish complete details with this form.	☐ Yes☐ No

Design plan around:
Total tax deductible contribution of ☐ MAX or [$] _____ [%] for fiscal year ending _____/_____/_____ [mo./day/year]
Normal retirement age of _____. [ages 55 – 65 or 5 years of service]
Attained age of _____ [maximum age 21].
Completion of _____ year[s] of service [max 2]

Is life insurance funding desired? ☐ Yes ☐ No
Please choose *one*: ☐ 100 x monthly benefit ☐ 33 1/3% of contribution (UL) ☐ 50% of contribution (WL only) ☐ 66 2/3% of contribution (WL only)

EMPLOYEE CENSUS

Complete for everyone employed as of the current date **(Please print legibly)**

	Name	Date of Birth (mo/day/yr)	Date Employed (mo/day/yr)	Key Employee[1]	Annual Compensation[2]	Ownership %	Part-time[3]
1.							❒
2.							❒
3.							❒
4.							❒
5.							❒
6.							

Special Request/Comments:

[1] Use K to indicate an officer or an owner.
[2] S-Corps: List W-2 compensation only; K-1 income not eligible
Sole Proprietors, Partnerships and LLC's: List net income before reduction for pension contribution and self-employment tax.
[3] Part-time employees are those who have worked less than 1,000 hours during each 12-month period following Date of Employment.

Please fax back to Mercury Financial Group at 214.210.5998