

RLLC Easy(k) PLAN FACT FINDER

1. Financial Advisor

Name: _____ Email: _____

Office number: _____ Cell number (optional): _____

Preferred method of communication: _____

2. CPA

Name of Company: _____ CPA Contact: _____

Office number: _____ Email: _____

Preferred method of communication: _____

3. Company/Employer Information (Plan Sponsor)

Legal Company Name: _____

Address: _____

Month & Year Company established _____ Federal Tax ID Number: _____

Company's fiscal year end: _____ Company Entity Type: _____ Taxed as: _____

IRS Business Code (code used on company tax return to describe the nature of your business): _____

Main contact for plan administration: _____ Title: _____

Main contact's Phone Number: _____ Main contact's email: _____

Who will upload payroll contributions? _____

Payroll:

Payroll Provider: _____ Frequency of payroll: _____

Next Payroll Period: _____ Next Payroll Date: _____

Employee Count:

Number of Non-Union employees: _____

Number of Union employees: _____

Number of Leased employees: _____

Do you need Spanish enrollment booklets? _____

4. Ownership & Officers:

Owner(s):

Note: For Companies owned by more than 4 Owners – please provide ownership as an attachment via email

Name: _____ % owned: _____ Employee of the Company? _____

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