



Destel-Bergen Corporation
 Retirement Plan Administrators & Consultants
 1318 Redwood Way, Suite 260
 Petaluma, CA 94954
 Tel: 707.736.6937 Fax: 707.559.3243
 E-mail: info@destel.com

Initial Request for Plan Sponsor Information

This form is an initial request for information that DBC can use to analyze various plan options for your business. Section A is a request for basic information about the employer and other professionals associated with the employer. Section B is a request for employee census information. You can return the completed form to the above mailing address or fax to 707-559-3243. If you prefer to complete an electronic version of Section A and/or B, you can download an Excel version of the form directly from our website, or contact the DBC office and we can email the Excel version of the form.

Please also feel free to contact the DBC office if you have any question or concerns.

A. GENERAL INFORMATION

1. Employer/Company Information:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____
- f. Employer Identification Number (EIN): _____
- g. Business Structure: C-Corporation S-Corporation Non-Profit Partnership
 LLC LLP Sole Proprietor Union Government Agency
- h. Do any shareholders of the Employer or their spouses have ownership in another non-publicly traded company or business entity: Yes No

If **1h.** is yes, please complete for all applicable organizations:

Name of Organization	Business Structure <i>(see 1g. for examples)</i>	Name of Owner <i>(indicate if spouse)</i>	Percent Owned	Type of goods or services provided by business

- i. Does more than 50% of the revenue to the Employer come from performing management functions on a regular and continuing basis to another organization: Yes No

If **1i.** is yes, please complete for all applicable organizations:

Name of Organization	Business Structure <i>(see 1g. for examples)</i>	Describe relationship and type of goods or services

Initial Request for Plan Sponsor Information

A. GENERAL INFORMATION (CON'T)

2. Accountant:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

3. Administrator:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

4. Financial Advisor:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

5. Trustee:

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

6. Other Service Provider (Specify): _____

- a. Company Name: _____
- b. Contact Person: _____
- c. Address: _____
- d. Phone: _____ Fax: _____
- e. Email: _____

B. REQUEST FOR CENSUS INFORMATION *(Please be sure to be as detailed as possible)*

Employee's Name	Date of Employment MM/DD/YY	Date of Birth MM/DD/YY	Annual Compensation	Estimated 401(k) Employee Deferrals	Total Hours Worked Per Year	Job Title/ Group Classification *	Owner% *	Indicate any Family Relation to Another Employee	Normal, Union or Leased Employee (N, U, or L)
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* DBC will most likely use the completed census information to review how well a new comparability plan will work for the Employer. A new comparability plan allocates an equal contribution as a percentage of compensation to all employees of the same group. An example of a typical new comparability allocation is: 1) Owners - 20% 2) Manager -10% 3) All Other Employees - 5%. Please take into consideration the fact that DBC will be using the Job Title/Group Classification and Owner% columns to determine appropriate group titles for the Employer.

B. REQUEST FOR CENSUS INFORMATION *(Please be sure to be as detailed as possible)*

Employee's Name	Date of Employment MM/DD/YY	Date of Birth MM/DD/YY	Annual Compensation	Total Hours Worked Per Year	Total Hours Worked Per Year	Job Title/ Group Classification *	Owner% *	Indicate any Family Relation to Another Employee	Normal, Union or Leased Employee (N, U, or L)
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