CONFIDENTIAL
EMPLOYER PROPOSAL CENSUS REQUEST FOR QUALIFIED PLAN ANALYSIS AND PROPOSAL

Employer: _____

Address: _____

_____

City, State, Zip: _____

Phone: _____ Fax: _____ email: _____

Business Entity: ☐ C Corporation ☐ S Corporation ☐ Sole Proprietor ☐ Partnership

Tax Year End: _____ Annual Tax Deduction Desired: $_____

Is there an existing retirement plan (or former plan)? Yes ☐ No ☐ If yes, provide details.

_____

Do owner(s) have ownership in other businesses? Yes ☐ No ☐ If yes, provide details.

_____

Name	DOB	DOH	DOT	Full time Or Part time	Compensation	Deferral Amount	Ownership %	Family member of Owner?

Producer / Representative: _____

Address: _____

_____

City, State, Zip: _____

Phone: _____ Fax: _____ email: _____

Fax to:
American Pension Advisors, Ltd.
317-913-7002

or Mail to:
American Pension Advisors, Ltd.
5875 Castle Creek Parkway, Suite 280
Indianapolis, IN 46250
317-913-7001