



## CLIENT INFORMATION FORM

Please fill in, sign, & date.  
Any questions? Please call 949-223-8397

1. LEGAL NAME OF COMPANY: \_\_\_\_\_  
DBA: \_\_\_\_\_
2. MAILING ADDRESS: \_\_\_\_\_
3. BILLING ADDRESS (if different): \_\_\_\_\_
4. TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
5. EMAIL: \_\_\_\_\_
6. DAY TO DAY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_
7. TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
8. EMAIL: \_\_\_\_\_
9. EMPLOYER ID (EIN): \_\_\_\_\_
10. TRUST ID (existing plan(s)): \_\_\_\_\_
11. ACCOUNTANT (CPA) NAME: \_\_\_\_\_  
FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
12. INVESTMENT ADVISOR NAME: \_\_\_\_\_  
FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
13. NATURE OF BUSINESS: \_\_\_\_\_
14. DATE BUS. BEGAN: \_\_\_\_\_
15. IRS BUSINESS CODE (This can be found on the top left corner of your corporate tax return:) \_\_\_\_\_
16. CORPORATE YEAR END: \_\_\_\_\_
17. FISCAL YEAR END: \_\_\_\_\_
18. ENTITY TYPE:  
 SOLE PROPRIETOR  PARTNERSHIP  LLP  LLC  C. CORP.  S CORP.  NON-PROFIT

**19. PREDECESSOR BUSINESS NAME (IF ANY):**

SOLE PROPRIETOR  PARTNERSHIP  LLP  LLC  C. CORP.  S CORP.  NON-PROFIT

EMPLOYER ID: \_\_\_\_\_

DATE BUS. BEGAN: \_\_\_\_\_

**20. OWNERSHIP:**

OWNERSHIP %

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ %

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ %

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ %

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ %

**21. INTENDED TRUSTEE(s):**

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

ADDRESS: \_\_\_\_\_

PHONE/CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**22. PAYROLL COMPANY USED (401k Plans - if applicable):** \_\_\_\_\_

**23. PAYROLL FREQUENCY (401k Plans - if applicable):** \_\_\_\_\_

**24. CONTROLLED ORGANIZATIONS & AFFILIATED SERVICE GROUPS:**

**A. DOES THIS COMPANY OR ANY OWNER OR THE SPOUSE OF ANY OWNER LISTED ABOVE OWN ANY PART OF ANY OTHER ORGANIZATIONS?**  YES  NO

**B. IF 24A IS YES, COMPLETE A SEPARATE CLIENT INFORMATION FORM**

**25. CURRENT PLANS:**

ARE THERE, OR HAVE THERE EVER BEEN, ANY RETIREMENT PLANS NOW IN FORCE SPONSORED BY THIS COMPANY?

- |   |   |
|---|---|
| <input type="checkbox"/> NONE                   | <input type="checkbox"/> 401(k) PROFIT SHARING PLAN |
| <input type="checkbox"/> 401(k) ONLY            | <input type="checkbox"/> DEFINED BENEFIT PENSION    |
| <input type="checkbox"/> MONEY PURCHASE PENSION | <input type="checkbox"/> CASH BALANCE PLAN          |
| <input type="checkbox"/> TARGET BENEFIT PENSION | <input type="checkbox"/> 403(b) for Non-Profits     |
| <input type="checkbox"/> EMPLOYEE STOCK OPTION  | <input type="checkbox"/> SEP                        |
| <input type="checkbox"/> SIMPLE IRA             | <input type="checkbox"/> SIMPLE 401(k)              |
| <input type="checkbox"/> PROFIT SHARING         |   |

**26. PRIOR TPA (WHEN CHANGING ADMINISTRATION OF AN EXISTING PLAN):**

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

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**27. ANY UNION EMPLOYEES?**  YES  NO

**28. ANY LEASED EMPLOYEES?**  YES  NO

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLAN SPONSOR SIGNATURE)

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRINT)