



Retirement Plans from Retirement People

**Delaware Valley**  
Retirement

## Proposal Request

Please fax to: (484) 494-5889

### Producer Information:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Broker Dealer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Date proposal is needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Proposal Information:

Name of Business: \_\_\_\_\_

City/State: \_\_\_\_\_

Number of employees \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Plan year end: \_\_\_\_/\_\_\_\_ Current Plan Assets: \_\_\_\_\_

Does Plan Currently Allow for Loans?  Yes  No If yes, how many? \_\_\_\_\_

Type of Business:

Regular Corporation  Government  Proprietorship

Professional corporation  Non-profit/501(c)(3)  Partnership

S corporation  Nonprofit-Other  Other: \_\_\_\_\_

Is the business associated with any other business by common ownership or by maintaining an affiliated service group?  Yes  No

Is there a union with which retirement benefits have been the subject of good faith bargaining?  Yes  No

Does the employer currently have a qualified retirement plan?  Yes  No

Has the employer ever had a qualified plan?  Yes  No

Does the employer use services of leased employees?  Yes  No

Delaware Valley Retirement, Inc.

**Plan Information:**

Services requested:

New Plan including plan design, administration services and funding

Takeover of Funding for an existing plan  
Are surrender charges applicable?  Yes  No

Is the employer seeking maximum business tax deduction?  Yes  No

Plan type desired:

- Profit Sharing  Target benefit  401(k) Profit Sharing
- Money purchase  Simple 401(k)  Age-weighted Profit Sharing
- Other \_\_\_\_\_

Will the employer provide a matching contribution?

- Yes \_\_\_\_\_% of the first \_\_\_\_\_% of each participant's salary deferral contribution
- No

Does the business wish to commit to a fixed contribution every year?  Yes  No

**Takeover Checklist** of required data for a takeover proposal:

- \_\_\_\_\_ Plan Valuations
- \_\_\_\_\_ IRS form 5500 including attachments for most recent plan year
- \_\_\_\_\_ Complete census data
- \_\_\_\_\_ Most recent nondiscrimination test (if applicable)
- \_\_\_\_\_ Plan and trust- Basic Plan Doc, Adoption Agreement and all adopted amendments

Current plan fees and provider: \_\_\_\_\_  
\_\_\_\_\_

Is the business dissatisfied with the administration and/or the investments of the plan?

\_\_\_\_\_  
\_\_\_\_\_

**Investment Information:**

What providers would you like to propose?

- Nationwide  John Hancock  Great West
- KTrade  Hartford/MassMutual

Who will make the investment choices?

- The employer (or trustee) will direct all investments
- Each plan participant will direct all the investments for their retirement account
- Other: \_\_\_\_\_

How frequently does the plan provide for the participants to change there existing fund balance? \_\_\_\_\_