



280 SOUTH MANGUM STREET
 550 DIAMOND VIEW II
 DURHAM, NORTH CAROLINA 27701
 (919) 490-6717 (FAX) 489-8939

QUALIFIED PLAN FACT FINDER

EMPLOYER (COMPANY)

Company Name: _____

Type of Business: _____

Type of Entity: C-Corp S-Corp Partnership 501(c)(3) Public School
 Tax-exempt Organization State/Local Government Other

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____ **Fax Number:** _____

Contact Person: _____ **Title:** _____

Email: _____ **Tax Year End:** ____ / ____ / ____ (Month/Day/Year)

Do the owners have ownership in any other business: Yes (explain) No

PROVIDER INFORMATION

Advisor's Name: _____ **Advisor's Company:** _____

Current Service Provider Bundled Outside TPA

TPA Name: _____

THE CURRENT PLAN

New Plan Existing Plan

Plan Type(s): Traditional 401(k) Safe Harbor 401(k) 403(b) Profit Sharing
 Money Purchase Simple SEP Defined Benefit

Investment Company (if different than Service Provider): _____

Total Assets in Plan: _____ \$

Estimated Annual Contribution: EE + ER = Total
 (employee: \$_____ + employer: \$_____ = Total: \$_____)

Number of Eligible Employees: _____ **Participants:** _____ **Terminated (still in plan):** _____

Matching Formula (%) _____: annual payroll discretionary

Vesting Schedule: _____

Eligibility Requirements: _____ **Entry Date:** _____

Roth 401(k) or Roth 403(b): Currently provided Wish to be added (if available)

Number of Investment Options: _____

Plan Architecture: variable annuity mutual funds (open architecture) mutual funds (one fund family)

PAYROLL

Outside Payroll Provider: _____ Payroll done in-house

Payroll Frequency: monthly bi-weekly (26 pay) bi-monthly (24 pay)

REQUEST FOR PROPOSAL

Date Proposal is Needed: ____ / ____ / ____ **RFP Request:** TCA Quote only Multi vendor RFP

Other Information: _____

VERITY ADVISOR INFORMATION

Name: Michael DeCamillis

Email: mdecamillis@verityinvest.com

Phone: (919) 490-6717 ext. 122

Target Date for Implementation ____ / ____ / ____