



AZZAD®

***Small Business Retirement Census Worksheet***

Please provide the following information to help us determine which retirement plan is most appropriate for your business. Complete and fax to us at 703-852-7478.

**1. Client Contact Information**

Company Name \_\_\_\_\_ Your Full Name \_\_\_\_\_

Business Type: \_\_\_\_\_ Year Established: \_\_\_\_\_  
e.g. incorporation, partnership, sole proprietor?

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Optional: Cell Number \_\_\_\_\_

**2. Company Information**

1. Approximate amount you think your company can contribute every year until retirement: \$ \_\_\_\_\_

2. Please mark which feature(s) are most important to you in a retirement plan:

- High tax deduction benefits
- Low maintenance cost
- Ability for employees to make salary deferral contributions
- Ability for employer to customize plan according to a specific formula
- Quick accumulation of retirement assets with greatest tax benefits
- Delayed employee vesting
- Immediate employee vesting
- A plan in which employer has minimal responsibilities
- Optional employer contributions

3. Do you have employees other than yourself and/or spouse?

- Yes, complete participant information page.
- No

4. Do you currently sponsor any other type of employer retirement plan?

- Yes: what type of plan \_\_\_\_\_
- No

***Participant Information:***

Please provide the following information for all partners and employees, including yourself. All fields are required so we can develop a proposal. Write employee name in first box. F/P\*- indicate if employee is full-time or part-time.

	Date of Birth	Hire Date	Annual Compensation	Is employee an officer, owner, or key employee*? Yes/No	If employee is an officer, owner or key employee, provide expected retirement age.	Amount of prior year's employer contribution to any other retirement plan sponsored by the employer (if any).
Employee 1 F/P*						
Employee 2 F/P						
Employee 3 F/P						
Employee 4 F/P						
Employee 5 F/P						
Employee 6 F/P						
Employee 7 F/P						
Employee 8 F/P						
Employee 9 F/P						
Employee 10 F/P						

\* A key employee is defined as an employee who is at least a 5% owner or who is a 1% owner w/annual compensation of \$150,000 or more.