

Raymond, Reeves & Stout
Proposal Request Form

Date: _____

Referred By:

Name: _____

Address: _____

Phone: _____ Cell phone _____ Fax: _____ E-Mail _____

Business:

Name _____

Address: _____

Phone: _____ Fax: _____ EIN: _____ E-Mail: _____

Business Form: "C" Corp ___ "S" Corp ___ Prof. Corp ___ Part. ___ S.P. ___ LLC ___ LLP ___ Other _____

Existing or previous qualified plans: _____

Other business interests of owners: _____

Employee Census:

Name	Date of Birth	Date of Hire	Annual Compensation	Hours Per Week	Ownership %	Key Employee ✓

Funding Arrangement:

_____ Self-Trusteed _____ All Annuity _____ All Annuity & Life Insurance: Amount of Life Insurance, 50X _____, 100X _____

Funding Target Amount, \$ _____

Other Design Goals _____