

LAR Pensions, LLC

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To:	Antonio	From:	
Phone:	(203) 327-5275	Phone:	
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E-mail(s):	arupprecht@larpensions.com	E-Mail(s)	
Date:		# of pages:	

1) Name of Business:	
2) Business Entity (i.e. C-Corp, S-Corp, L.L.C.):	If LLC, How treated?
3) Date of Business Established (mm/dd/yy):	
4) Fiscal Year End (mm/dd):	

5. Does the employer control over 50% of any other business organization? (Yes - No):	
(If yes, please provide complete census including percentage of ownership).	
6. Does the employer now maintain or has ever maintained a Qualified Pension or Profit Sharing Plan (Including Simplified Employee Pension Plan)? (yes-no):	
(If yes, provide plan type here:	
7. Plan Effective Date (MM/DD/YY):	
8. Plan Type: 401(k) ____, (m) ____, DB ____, PS ____, New Comparability ____, Other	
9. Approximate Total Annual Contribution Desired:	
(Note: If Maximum benefits or contributions are desired, insert "MAX").	
10. Additional Comments and Information:	

