

## Questionnaire - Establishing a New Plan

Is your business a Sole Proprietorship, Limited-Liability Company (LLC), S-Corporation, C-Corporation, or Partnership? \_\_\_\_\_

\_\_\_\_\_

How many employees do you have? \_\_\_\_\_

\_\_\_\_\_

Are the majority of your employees over or under the age of 45 years old? \_\_\_\_\_

\_\_\_\_\_

Would you qualify your company as having cash flow that is stable, seasonal, or unpredictable? \_\_\_\_\_

\_\_\_\_\_

Do you, as an employer, mind taking the investment risk, or would you rather have your employees undertake the investment risk? \_\_\_\_\_

\_\_\_\_\_

Do you want to give your employees a performance incentive that correlates with the success of your company? \_\_\_\_\_

\_\_\_\_\_

Do you want to provide specific benefits to your key employees that are not necessarily available to all employees? \_\_\_\_\_

\_\_\_\_\_

Do you mind if your contributions to your employee benefit plan are mandatory, or do you prefer to them to be on a discretionary basis? \_\_\_\_\_

\_\_\_\_\_

Do you want to establish a plan that encourages both pre-tax and after-tax savings? \_\_\_\_\_

\_\_\_\_\_

Do you want a plan that provides both tax-deferred and tax-free growth? \_\_\_\_\_

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Do you want the investment return in your company plan to be guaranteed with lower expected returns, or are you and your employees able to tolerate some risk with the hope of achieving higher long-term returns? \_\_\_\_\_

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Do you want to permit in-service withdrawals, meaning, do you want to allow employees to withdraw funds from the plan after the qualified age even while they are still employed by your company? \_\_\_\_\_

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Do you want your plan to be able to integrate with Social Security benefits? \_\_\_\_\_

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Please list a few dates and times that work best for you to discuss the options you have based on your above answers. This consultation is complimentary.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Would you like to meet in-person, speak over the phone, or have a video-conference?

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Please provide your contact information.

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Questionnaire - Checking Your Current Plan**

When was the last time you had an analysis done on your company plan? \_\_\_\_\_

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Do you feel prepared if given notice of an audit from the Department of Labor? \_\_\_\_\_

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What are the total fees you and your employees pay for the services provided to your company plan? \_\_\_\_\_

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How many investment options can you choose from? \_\_\_\_\_

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What is your plan's performance benchmark, and how have the plan investments performed in comparison to that benchmark? \_\_\_\_\_

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Do you feel that maintaining a company plan is overwhelming, and therefore thinking of terminating the existing company plan you have? \_\_\_\_\_

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Is your plan qualified or non-qualified? \_\_\_\_\_

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Has your company changed and/or grown in size since you originally had a plan implemented? \_\_\_\_\_

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Do you currently have an investment advisor for your plan that can help educate employees on a recurring basis, and is that advisor a fiduciary? \_\_\_\_\_

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Do you currently, or would you like to, incorporate payroll integration into your plan to ease your administrative burdens (i.e. employer contributions, top-heavy testing, employee distributions, etc.)? \_\_\_\_\_

Does your current plan provide automatic enrollment? \_\_\_\_\_

Do you have any prior plan penalties or corrective distributions that were paid due to administrative error? \_\_\_\_\_

Do you feel there is something missing in your current plan that you would like to revise and/or add to? \_\_\_\_\_

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