



## QUALIFIED MARKETS PROPOSAL REQUEST FORM

Review the following questions with your client and submit along with the completed Proposal Request Form (page 2) to Lafayette Life's Qualified Markets Department. With these tools, we can assist you and the client in the design of a retirement plan that will help meet the client's needs.

Answer Yes or No to the following questions:

Does the client...

- ☐ Need a long-term savings program to shelter income and save for retirement?
- ☐ Need a larger tax deduction?
- ☐ Own a profitable business (corp., S-corp., partnership, sole proprietorship, LLC, LLP)?
- ☐ Have cash flow to fund a pension benefit with required annual contributions?
- ☐ Have cash flow to fund discretionary contributions?
- ☐ Want to maximize benefits for owners and key employees?
- ☐ Need life insurance to provide a pre-retirement death benefit with tax-deductible premiums?
- ☐ Have an existing retirement plan? If yes, provide details.
- ☐ If the client currently has a plan, does it meet the employer's retirement objectives?

Employer's Retirement Plan Objectives:

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Additional Comments/Information:

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## PROPOSAL REQUEST FORM

The data below will provide the information necessary to generate a plan proposal. Please complete all information.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Business Entity: ☐ C-Corp. (W2) ☐ S-Corp. (W2) ☐ Partnership (K-1) ☐ Sole Proprietor (net Sched. C)  
☐ LLP ☐ LLC (if LLC, taxed as a ☐ partnership or a ☐ corporation?)

Fiscal Year: \_\_\_\_\_ Desired annual contribution: \$ \_\_\_\_\_ Anticipated retirement age of owner: \_\_\_\_\_

Plan Design Proposals ☐ Traditional Defined Benefit Plan ☐ 412(b) Defined Benefit Plan  
☐ Profit Sharing ☐ 401(k) Profit Sharing Plan

Maximize owner's allocation? ☐ Yes ☐ No

Does the employer now have or ever had a retirement plan? ☐ Yes ☐ No If yes, provide details.  
 (including a SEP, SIMPLE or any other retirement plan)

Do the owners have ownership interests in other businesses? ☐ Yes ☐ No If yes, provide details.

Is the employer a controlled group or affiliated service group? ☐ Yes ☐ No If yes, provide details.

Does the employer use leased employees, union employees or independent contractors? ☐ Yes ☐ No If yes, indicate below.

Details: \_\_\_\_\_

Name (mark U if union, L if leased, or IC if independent contractor)	Date of Birth	Date of Hire	Annual Salary	Ownership % or Family Relationship to Owner	Job Title (complete for all requests)	Hours worked (if < 1,000 hours)

Representative to be contacted: (Note: we will only contact the individual listed below.)

Lafayette Life Affiliation (Contracted agent, Uncontracted agent, IMO, other) \_\_\_\_\_

Agent/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date proposal needed: \_\_\_\_\_

Fax your completed proposal requests to a Pension Sales Consultant at Lafayette Life:

Gary Veverka (Regions 1-4,8,10) Fax 765-477-3888, Phone 800-443-8793, ext 3448; or

Candace Larson, (Regions 5-7), Fax: 765-477-3890, Phone: 800-443-8793 ext. 3425

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