Request for Proposal - RFP

E-mail to: Max@nationalpensions.com

1224 E. Ft. Union Blvd, #350 Cottonwood Heights, UT 84047 Telephone: (877) 252-1692



Business Name		Tax Year	D	Date of Incorporation				Proposed Year Ending		
				ptional) M			(optional) MM/YY			
								12/31/20_	_	
Owner:		Phone:			Email:					
Other 401(k) Plan		Yes 🗆	No 🗆		•					
Other Defined Benefit Plan		Yes □	No □							
Other Business Ownership Interest		Yes □	No 🗆							
Business Entity:			Business Address: (street, city, state, zip)							
Sole Prop. / Partnership / S Corp / PLLC / LLC		C etc.	Address: (street, city, state, zip)							
Budget: (what the client want	ts to con	tribute)	\$							
CPA's Name: CP		PA's Firm: (optional)			CPA's Telephone:					
Financial Advisor's Name: Financial Advisor's Address (street, city, state, zip)										
FA's Phone: FA		A's Fax:			FA's Email Address:					
		Employ	vee Cens	sus Data:	'					
Name:	Birth Date		Data A	sus Data: Actual W2 Earnings	Hour Work 1000	ed	% Owned	Family or Key Empl.	Sched. K Income	
Name: I	Birth Date		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
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Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				
Name: I	Birth Dat		Data A	actual W2	Hour Work	ed				

The more information you give us the better the initial design. Notes are helpful.