



# Lafayette Life Insurance Company

A member of Western & Southern Financial Group

## 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 Schedule C) ☐ LLP  
☐ LLC (indicate LLC tax filing status ☐ Partnership or ☐ Corporation or ☐ Sole Proprietor)

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

### Plan Design Proposals:

☐ Traditional Defined Benefit Plan ☐ 412 Fully Insured Defined Benefit Plan ☐ Profit Sharing  
☐ 401(k) Profit Sharing Plan ☐ Safe Harbor 401(k) Profit Sharing Plan ☐ Cash Balance Plan

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

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

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

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

Submit census using excel spreadsheet (sample spreadsheet on LLIC website) or complete the form below.

Name (mark <b>U</b> if union, <b>L</b> if leased, or <b>IC</b> 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:

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

Agent/Agency Name \_\_\_\_\_ Ronald Lawless

Address \_\_\_\_\_ P.O. Box 82, Oak Park, IL 60303

Phone \_\_\_\_\_ 312-912-9571 Fax \_\_\_\_\_ 888-551-2791 Email (required) \_\_\_\_\_ lawless@thelawlessreport.com

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

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

Proposal-request@llc.com, Fax Number 513-362-2473, Phone Number 513-362-4900



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## **Proposal Request Form Client Review Topics**

Review the following questions with your client and submit along with the completed Proposal Request Form to Lafayette Life's Retirement Services 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 (C or S corporation, 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:

Additional Comments \ Information: