



FEE QUOTE REQUEST FORM FOR PLAN ADMINISTRATION SERVICES

EMPLOYER INFORMATION

| | | | |
|-----------------------|---|---|--|
| Company Name: | | | |
| Street Address: | | | |
| City, State: | | Zip Code: | |
| Phone Number: | | Fax Number: | |
| Form of Business: | <input type="checkbox"/> C-Corporation | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> LLC-Limited Liability Corporation |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole-Proprietor | <input type="checkbox"/> LLP-Limited Liability Partnership |
| | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Other (please list): | |
| # of Employees: | | Fiscal Year End: | |
| New or Takeover Plan? | | If takeover, who is current provider(s)? | |

CONTACT INFORMATION

| | | |
|--|--------|--------|
| Primary Contact: | Name: | Phone: |
| | Email: | |
| Investment Advisor Name and Contact Information: | | |

PLAN CONTRIBUTION AND OTHER INFORMATION

| | |
|--|---|
| Types of plan contributions If takeover, current contributions If new, contributions considering | <input type="checkbox"/> Employee 401(k) Pre-tax Deferrals <input type="checkbox"/> Employee 401(k) Roth Deferrals <input type="checkbox"/> Employer Discretionary Match <input type="checkbox"/> Employer Safe Harbor – match or non-elective <input type="checkbox"/> Employer Profit Sharing |
| Investment Company(ies) to be considered: | |

Any other requirements/comments:

The fee quote will be sent to the Contact provided above unless otherwise specified. If a plan illustration is required, please complete the Census Form for Illustration.

Please fax this request form to Sunwest Pensions at 480-968-5478 or e-mail to tconti@sunwest-pensions.com.

Sunwest Pensions P.O. Box 7850 Tempe, AZ 85281-0850 Toll Free (866) 968-5363 Fax (480) 968-5478
www.sunwest-pensions.com