

G & T BENEFITS GROUP, LLC

Client Data

EMPLOYER: _____

WHOM TO CONTACT: _____

ADDRESS: _____ PHONE: _____

_____ FAX NUM: _____

EIN: _____ FISCAL YEAR: _____ PLAN YEAR: _____

TRUST EIN: _____

ENTITY: >regular corp >sub-s corp >professional corp >self-employed partnership
>Not for profit >LLC as corp >LLC as partnership >501(c)3

BUSINESS CODE (SIX DIGITS) _____ REQUIRED

IS THERE INSURANCE IN THE PLAN? _____ YES _____ NO

WHO SHOULD WE CONTACT FOR CENSUS? >Client >CPA

	NAME	% OWNERSHIP	TRUSTEES? CHECK IF YES
PRESIDENT:	_____	_____	_____
VICE PRES:	_____	_____	_____
SECRETARY:	_____	_____	_____

ACCOUNTANT: _____ ADDRESS: _____

FIRM: _____ CITY & ZIP: _____

PHONE: _____ FAX: _____

PLAN NAME: _____

PLAN # _____ PLAN TYPE: _____ EFF DATE: _____ PYE: _____

LEGAL DOCUMENT TO BE PREPARED BY T & T? _____ YES _____ NO

ATTACH SOLD ILLUSTRATION

Broker/Agent Name: _____

Broker/Agent Address _____

Telephone number: e-mail Address _____

ADDITIONAL COMMENTS: _____

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