PACE TPA Plan Design Administration Compliance, Education

**Client Information**

Legal Business Name: _____
Mailing Address: _____
Physical Address: _____
Plan Contact: _____ Email: _____
Phone Number: _____ Fax Number: _____

**Retirement Plan Information**

Retirement Plan Name: _____
Business Tax Year End: _____ Plan Tax Year End: _____ Business EIN: _____
Entity Type: □ S-Corp □ C-Corp □ Partnership □ Sole Proprietor □ Non-Profit
□ LLC – taxed as □S-Corp □C-Corp □Partnership □Sole Proprietor
Trustee: _____ Trustee: _____
Email: _____ Email: _____
Date of Birth: _____ SSN: _____ Date of Birth: _____ SSN: _____

**Officers and Shareholders**

Name: _____ Name: _____ Name: _____
Title: _____ Title: _____ Title: _____
Ownership: _____ % Ownership _____ % Ownership: _____ %
Do any shareholders have ownership in any other companies? □ Yes □ No

**Service Providers**

Financial Advisor: _____ Company: _____
Email: _____ Phone: _____
Accountant: _____ Company: _____
Email: _____ Phone: _____
Financial Institution: _____ Previous TPA _____

**Trustee Signature** _____ **Date** _____