

1) **Company Name:** _____

2) **Company Address:** _____

3) **Contact Names, Titles, Phone Numbers and email addresses:**

4) **Type of Business:** _____ **Number of Locations:** _____

5) **Type of Plan:** _____ 401(k) _____ Profit Sharing
_____ Money Purchase _____ Other

6) **Total Plan Assets: \$** _____ **Contract Termination Charges: (if any) \$** _____

7) **Annual Plan Contributions-all sources (Deferral, Match, PS, Etc.): \$** _____

8) **Number of Eligible Participants:** _____ **Active Participants:** _____

9) **Existing Provider Information:**

Recordkeeper: _____

Investment Options: _____

Third Party Administrator: _____

10) **Additional useful information for a quote:**

For a plan design analysis, please provide employee census information.

Census Information Needed: Name, Date of Birth, Date of Hire, Estimated Compensation, Estimated Hours of Service

Contact Information:

Advisor/Broker Name: _____

Advisor/Broker Address: _____

Advisor/Broker Phone Number: _____ Fax Number: _____

Email Address: _____

12) **Where to send the Proposal?** _____ Advisor/Broker _____ Client

Please provide as much information as possible.

Fax: 864-271-6036
Email: sales@dailyval.com

Attention: New Business