

California Pension Administrators & Consultants, Inc.

Proposal Request Form

Please fill out this form completely and fax to California Pensions. (310) 553-2284

Name of Client: _____

Type of Plan: _____ **New or Takeover?**

Anticipated Start Date of Takeover: _____

Number of Employees: _____ **Number of Participants:** _____

Assets in Plan: \$ _____ **Where are Assets Currently?** _____

Proposed Changes to Plan (if any): _____

Special Circumstances (employee stock, etc.): _____

Broker Name / Firm: _____

Phone: _____ **Fax:** _____

e-mail: _____

Address: _____

Number of Proposals Needed: _____

Date Proposal Needed by: _____