

# Nonqualified Plan Design Questionnaire



**Company Name:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Associated Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Form of Business:

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="radio"/> C Corporation | <input type="radio"/> Sole Proprietorship            | <input type="radio"/> PLLC*          |
| <input type="radio"/> S Corporation | <input type="radio"/> Professional Corporation       | <input type="radio"/> Public Company |
| <input type="radio"/> Partnership   | <input type="radio"/> Limited Liability Corporation* | <input type="radio"/> Not for Profit |

**\*Tax Status:**       C Corporation       S Corporation       Full Pass-Through Entity

**Date Established:** \_\_\_\_\_ **Tax Year End:** \_\_\_\_\_

**If C-Corp, Corporate Tax Bracket: Federal:** \_\_\_\_\_ **State:** \_\_\_\_\_

**If Pass-Through Entity, Number of Shareholder/Partners:** \_\_\_\_\_

**Majority Owner(s) Personal Top Marginal Tax Bracket(s):**      Federal: \_\_\_\_\_      State: \_\_\_\_\_

**Are any of the owners related?:**       No       Yes

Provide details: \_\_\_\_\_

**Are any non-owner relatives working in the business?:**       No       Yes

Provide details: \_\_\_\_\_

**Number of Employees: Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_ **1099:** \_\_\_\_\_

## What is your company's current corporate objective?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Growth/Expansion*   | <input type="checkbox"/> Enhanced Profitability | <input type="checkbox"/> Debt Reduction  |
| <input type="checkbox"/> Internal Succession**   | <input type="checkbox"/> Maintaining Status Quo | <input type="checkbox"/> Liquidity Event |
| <input type="checkbox"/> *Organic, Acquisition, Both? _____ **Family, Key Employee(s), Outside Hire? _____ |   |  |

**Do you maintain a qualified retirement plan?**       No       Yes      **Type:** \_\_\_\_\_

## Are your highly compensated employees' 401(k) contributions capped or reduced by testing?

No       Yes      Average refund range \$ \_\_\_\_\_ to \$ \_\_\_\_\_

## What other benefits do you offer?

### Group Insurance Plans:

- Health       Life       Disability       Financial Wellness Programs

**Key Employee Benefit Plans:**

- Executive Life Insurance     
  Supplemental Disability     
  Financial Planning Services

Other: \_\_\_\_\_

**Do you maintain an existing nonqualified plan?**       No       Yes

If yes, Plan type: \_\_\_\_\_ Date Implemented: \_\_\_\_\_

Plan details:

**Does your business have a history of stable cash flow and profitability for the last five years?**

- No       Yes

**Have you terminated a nonqualified plan in the last three years?**

- No       Yes      If Yes, Date of Termination \_\_\_\_\_

**How many of your employees would you identify as mission critical?** \_\_\_\_\_

**Please describe how you attract, reward and retain mission critical employees now?**

**What type of plans are you most interested in offering your key employees in the near term?**

- |  |   |
|--|---|
| <input type="checkbox"/> Voluntary Salary Deferral Plan      | <input type="checkbox"/> Voluntary Salary Deferral Plan with Match      |
| <input type="checkbox"/> ER Funded Defined Contribution Plan | <input type="checkbox"/> ER Funded Defined Benefit Plan                 |
| <input type="checkbox"/> EE Owned-ER Funded Bonus Plan       | <input type="checkbox"/> Incentive Bonus Plan with Vesting Requirements |

**What plan design features or objectives are most important to you? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Ability to pick and choose participants                  | <input type="checkbox"/> Employer control of any plan assets |
| <input type="checkbox"/> Additional pre-tax deferrals options for EEs             | <input type="checkbox"/> Required employee contributions     |
| <input type="checkbox"/> Eventual recovery of employer costs                      | <input type="checkbox"/> Third Party Plan Administration     |
| <input type="checkbox"/> Recruitment/Sign-On strategies                           | <input type="checkbox"/> Employee retention strategies       |
| <input type="checkbox"/> Employer contributions not currently taxable to employee |  |

**What would you like to see receipt of employer-funded plan benefits tied to?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Years of Service         | <input type="checkbox"/> Personal Performance      | <input type="checkbox"/> Achieving Corporate Goals |
| <input type="checkbox"/> Non-Compete Requirements | <input type="checkbox"/> Perpetual Rolling Vesting |  |

**On an aggregate annual basis, how much would you be willing to contribute to a plan benefiting key employees? \$\_\_\_\_\_**

**What other strategies or plans are you interested in exploring?** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Long-Term Incentive Plans (LTIPs)    | <input type="checkbox"/> Deferred Signing Bonus Plans                              |
| <input type="checkbox"/> Restricted Stock (RSAs & RSUs)       | <input type="checkbox"/> Stock Options (ISOs & NSOs)                               |
| <input type="checkbox"/> Phantom Stock                        | <input type="checkbox"/> Stock Appreciation Rights (SARs)                          |
| <input type="checkbox"/> Section 162 Bonus Plans              | <input type="checkbox"/> Split Dollar Life Insurance Arrangements                  |
| <input type="checkbox"/> Employee Retention Strategies        | <input type="checkbox"/> Supplemental Executive Retirement Plans (SERPs)           |
| <input type="checkbox"/> Tax-Free Retirement Income           | <input type="checkbox"/> Supplemental Disability Income Plans                      |
| <input type="checkbox"/> Supplemental Life Insurance          | <input type="checkbox"/> Buy/Sell Planning and Funding                             |
| <input type="checkbox"/> Exit Planning for Older Shareholders | <input type="checkbox"/> Internal Business Succession Strategies                   |
| <input type="checkbox"/> Creditor Protection Planning         | <input type="checkbox"/> Strategies to Incentivize Non-Owners to Think Like Owners |

Other: \_\_\_\_\_

### **For Privately Held Companies/Partnerships:**

**Are you comfortable with your business succession/continuation/exit plan structure?**

No       Yes

**Do you have a written buy/sell agreement?**

No       Yes

**Is your business succession/continuation/exit plan funded?**

No       Yes

If so, please provide details:

**Is your business succession/continuation/exit planning based upon family members?**

No       Yes

**Are your key employees part of your business succession/continuation/exit planning?**

No       Yes

**If yes to either above, are your family members or key employees in a financial position to be able to facilitate the transaction?** (i.e., are they bankable?)

No       Yes

**Please provide any additional details that would make a discovery conversation more productive:**

# COLI Modeling Assumptions



**Company Name:** \_\_\_\_\_

**State of Domicile:** \_\_\_\_\_

**Desired Plan Effective Date:** \_\_\_\_\_

**Estimated Owner/Executive Tax Bracket:** \_\_\_\_\_

**Salary Scale / COLA (0%-5%):** \_\_\_\_\_

**Retirement Age:** \_\_\_\_\_ (Default is 65)

**Distribution Options: (Check all that apply)**

Lump Sum

Installments

**Maximum # years:** \_\_\_\_\_

**Targeted Plan Net ROR** \_\_\_\_\_

**Vesting Schedule (Employer Contributions Only):**

Immediate – 100%

5 Year Grade (20% vests per year)

5 Year Cliff (0% years 1 – 4; 100% year 5)

10 Year Grade (10% vests per year)

Custom Schedule (*detail on page 4*):

Rolling (e.g., 3-5 years for each contribution)

**Employer Contribution Formula:** \_\_\_\_\_% of salary **or** \$\_\_\_\_\_ per participant

**Employer Match** \_\_\_\_\_ % (Deferral Plan Only)

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