

Common Wealth Intake Form

Key plan information

Employer registered name	
Common Wealth plan name	
Employer signing authority	
Employer admin contact	
List of Corporate Directors	
Registered Business Address	

Advisor details

Advisor full name	
Advisor email address	
Advisor company name	
Other key contacts	



Plan design

Employer Plan Information

Plan effective date			
Number of employee groups			
Employee group	1	2 (if needed)	3 (if needed)
Employee group description			
Payroll deductions enabled			
Payroll cycle			
Product type			
Employer matching ratio			
Maximum employer contribution (e.g. % of pay, \$ amount per year etc.)			
Eligible employees (estimated)			

For DPSP Plans Only

Vesting Period	
DPSP Contribution Frequency	
Will other subsidiaries and/or associated companies participate in the plan? If yes, please list	

General Information

Payroll provider name	
Total estimated payroll per cycle	\$
Restrictions on Withdrawals	
Assets transferring from existing plan?	If yes, total estimated value:
Other Notes	