

STRATEGIC RETIREMENT SOLUTIONS FOR HIGH-INCOME SELF-EMPLOYED INDIVIDUALS & SMALL BUSINESS OWNERS

W2 OR 1099 QUALIFIES:

- Physicians/Dentists
- Attorneys
- Business Owners
- Real Estate Agents
- Athletes
- Actors/Entertainers
- Consultants
- Financial Advisors
- Brokers/Agents
- Investors



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www.wealthadvisorsinc.com

Wealth Advisors, is a full-service Registered Investment Advisor (RIA) and fiduciary with more than 30 years of experience providing comprehensive wealth planning services including tax planning, investment management, estate protection and retirement solutions. Our customized strategies and personalized plans give clients a single source for all of their financial concerns to help them reach their goals. Retirement services include evaluating, designing and administering the most optimal tax-qualified retirement plans available.

RETIREMENT PLAN CONTRIBUTION COMPARISONS FOR 2020

Curent Age	Considered Compenstaion	Traditional/ Roth IRA	SMPLE Plan	401(k) Profit Sharing Plan	Cash Balance + 401 (k) PS Plan - Non-PBGC*	Cash Balance + Balance 401(k) PS Plan - PBGC Covered*
40	\$150,000	\$6,000	\$13,500	\$57,000	\$119,881	\$148,381
45	\$150,000	\$6,000	\$13,500	\$57,000	\$143,092	\$171,592
50	\$150,000	\$7,000	\$16,500	\$63,500	\$177,804	\$206,304
55	\$150,000	\$7,000	\$16,500	\$63,500	\$211,116	\$239,616
60	\$150,000	\$7,000	\$16,500	\$63,500	\$238,773	\$267,273
40	\$285,000	\$6,000	\$13,500	\$57,000	\$160,140	\$180,540
45	\$285,000	\$6,000	\$13,500	\$57,000	\$199,626	\$220,026
50	\$285,000	\$7,000	\$16,500	\$63,500	\$239,073	\$259,473
55	\$285,000	\$7,000	\$16,500	\$63,500	\$278,679	\$299,079
60	\$285,000	\$7,000	\$16,500	\$63,500	\$316,358	\$336,758

*Figures are for illustrational purposes only based upon maximum finding accrual, a 5% interest credit assumption, and 2020 IRS contribution limits.

Contact Wealth Advisors, Inc., for a customized plan or calculation. Call us at (858) 481-4088 or email: info@wealthadvisorsinc.com

RETIREMENT PLAN PROPOSAL REQUEST FORM



Name: _____ Company: _____

Phone Number: _____ Email Address: _____

Business Owner Information

Company Name: _____ Fiscal Year End (MM/DD): _____

Principal Business Activity: _____ State of Business: _____

Other Business: _____

Business Type:

☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Partnership ☐ LLC

If LLC, how is the business taxed?

☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Partnership ☐ LLC

Has the company previously established a retirement plan? (if so, please attach a copy of the current Adoption Agreement)

☐ SEP IRA ☐ 401(k) ☐ SIMPLE ☐ DB ☐ Other ☐ None

If a 401(k) has been established, is it:

☐ Safe Harbor ☐ Safe Harbor 3% ☐ Not a Safe Harbor Plan

Please provide the following information for Owner(s) and all employees who worked at any time during the fiscal year. Plan design will determine contributions on behalf of employees.

Owner(s) Last Names	Owner(s) First Names	Owner %	Gender	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Compensation	Desired Contribution for Owners	Family Member Relationship
Employee(s) Last Names (included leased employees)	Employee(s) First Names (included leased employees)		Gender	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Compensation (*see notes)	Worked 1000 hrs? (Y/N)	Family Member Relationship

Email completed form to: info@wealthadvisorsinc.com or call us at (858) 481-4088