

K. A. LINDOW, CPA, P.C.

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Certified Public Accountant
Licensed to Practice in:
Arizona
Michigan

Name		Date	
Street			
City		State	Zip
Phone	Alt. Phone	Fax	
E-mail			
Name of YOUR NEW 401k Plan			401K PSP

Referral Source: Named Person _____ Website ___ Facebook ___

401K INVESTMENT SYSTEM - Includes...

- **Investment Structure Counseling** – Help in structuring investment transactions not available from any other sources.
- **Filing Forms** – We file all state required forms to set up the LLC owned by the IRA or 401K.
- **Serve as resident agent (AZ only)** – We serve as the resident agent for the LLC and any other entities we set up for you.
- **File SS- 4** – File for IRS Employer Identification Number for the 401(k) and LLC as required.
- **Set up 401K / Roth Account**– Set up of a 401K account with a “true” self-directed investment control.
- **Coordination Funds Transfer/Rollover** – Prepare all necessary forms for the existing investment custodian including Opinion Letter, Subscription Agreement, Account Rollover, and New Account Application/Forms.

401(k) Fee \$ 2,000 (includes plan set-up and 6 months of consulting)

PAYMENT FORM ON BACK PAGE

Annual tax form 5500EZ is required for Plans with \$250,000 of assets – cost equals \$370 yr.

Annual 401(k) update fee of \$175 per year is assessed to keep the plan current.

AGREEMENT

You have contracted with K. A. LINDOW, CPA, and P.C., to perform the work requested on the front side of this document.

In order to help us give you the highest level of support, we will expect your complete cooperation with our office in providing us with the requested documents and information, keeping us apprised of any changes in facts and circumstances that affect your plan before its completion, and the payment of our bills in a current and timely manner.

Matters Specifically Excluded From this Agreement

Our representation of you is limited to the production of documents and the services listed on the front of the contract. Service specifically excluded from this agreement is:

- 1.) IRS and state tax compliance and reporting requirements for you or any of the entities created pursuant to the scope of this agreement.
- 2.) Representation of you in any proceedings or before any regulatory agency.
- 3.) Issues specific to the laws of your state.

If you want us to represent you for any matter not specifically listed in the "Scope of Project," including, without limitation, any of the matters listed in this "Matters Specifically Excluded from the Engagement," then we must enter into a separate agreement to do so. Nothing in this agreement shall be deemed an acceptance of our offering these additional services on your behalf.

While we are available to provide you with ongoing tax, business, and/or investing advice, we are not obligated to do so unless you specifically request us to perform a specific service at an additional cost. It is our policy to put all advice on which a client might rely in writing. We believe that is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put in writing by our firm after a full supervisory review.

Penalties and Fines

You agree that it is your responsibility to know if you will incur any fees, penalties, or fines that you may incur if you liquidate any of your current IRA investments, and thus hold K. A. LINDOW, CPA, and P.C. harmless in such an event. Additionally, while we strive to expedite this process as quickly as possible, the average length of time is about six to eight weeks. Due to that fact, you should not enter into any contracts for investments until the procedure is finished. If you do enter into a contract before completion, you agree that we are not liable for any damages due to any delays.

Severability

Every provision of this agreement is severable. If any provision hereof is held to be illegal or invalid for any reason whatsoever, it shall not affect the validity of the remainder of this agreement.

Limitations

You agree that our maximum liability to you for any negligent errors or omissions committed by us in the performance of the engagement will be limited to three times the amount of our fees for this engagement, except to the extent determined to result from our gross negligence or willful misconduct.

Furthermore, because there are inherent difficulties in recalling or preserving information as the period after an engagement increases, you agree that, notwithstanding the statute of limitations of the State of Arizona, any claim based on this engagement must be filed within twelve months after performance of our service, unless you have previously provided us with a written notice of a specific defect in our services that forms the basis of the claim.

Right of Rescission

You have the right to a full refund of fees up until you have accepted the documents.

Applicable Law

The laws of the State of Arizona shall govern the interpretation of this agreement.

I have read and agree to the terms and conditions as outlined on this form. I may cancel this transaction any time prior to acceptance of forms. I have read the notice of cancellation rights and accept the terms. The signature below authorizes charges to the listed credit / debit card for associated selected services charges.

Sign _____ Date _____

FORMATION INFORMATION

PERSONAL INFORMATION

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Fax: _____

SS#: _____ - _____ - _____ D.O.B. _____ / _____ / _____ Circle: Single / Married / Divorced

Email: _____ Drivers Lic. # _____ St. _____

DL Expiration Date: _____ DL Issue Date: _____ **Drivers License – Attach a clear readable copy of your driver’s license when submitting this document**

Name of Spouse _____

Type of Plan Desired - 401K Reg. & 401K Roth Trust and C Corporation entity

What will be the amount transferred to the new 401(k) account, All or Amount? \$ _____ ? **ATTACH LATEST ACCOUNT STATEMENT**

LIMITED LIABILITY COMPANY INFORMATION FOR 401(K) PLAN

1st name choice: _____ LLC _____

2nd name choice: _____ LLC _____

Address: _____

City / State / Zip: _____ County: _____

What will be the amount transferred to the new corporate account? \$ _____

ADDITIONAL INFORMATION – YOUR BUSINESS SPONSORING 401K PLAN

Name of Existing Business or Individual Sponsoring the 401k Plan: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

EIN# _____ Fiscal Year End: _____ Percentage Owned: _____%

Type of Entity: ____ Corp. ____ S-Corp ____ LLC ____ Sole Proprietorship ____ Individual

BENEFICIARY INFORMATION

Please check if a primary or contingent beneficiary.

In most cases, spouses are the Primary beneficiaries, Contingent beneficiaries are

Beneficiaries in the event that a Primary beneficiary passes away before distribution of the 401K assets

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

E-mail address _____ Telephone No.: _____

Share % _____ City: _____, State: _____ Zip: _____

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

E-mail address _____ Telephone No.: _____

Share % _____ City: _____, State: _____ Zip: _____

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

E-mail address _____ Telephone No.: _____

Share % _____ City: _____, State: _____ Zip: _____

Primary Name: _____ SS# _____ - _____ - _____ D.O.B. ____/____/____

Contingent Relationship: _____ Address: _____

Share % _____ City: _____, State: _____ Zip: _____

Investment Experience: None / Limited / Good / Extensive

Amount of Adjusted Gross Income for the Current Year \$ _____

Amount of Liquid Assets \$ _____

Overall Investment Objectives: Income / Growth / Speculation

BANK REFERRALS

**Comerica Bank – Breanna Miller – 14801 N. Scottsdale Rd., Scottsdale, AZ 85254
480-348-2450 – BMMiller2@comerica.com**

**Washington Federal – Elizabeth Franklin – 675 S. Cooper Rd., Gilbert, AZ 85233
480-633-5547 – Elizabeth.Franklin@wafd.com**

**Charles Schwab - Lance Jacobs – 3075 W. Ray Rd. #133, Chandler, AZ 85226
480-732-7565 – Lance.Jacobs@schwab.com**

**FirstBank (Mtg. Lender) – Andrew Cropper – 5885 W. Bell Rd., Glendale, AZ
85234 P No. 602.333-7752 – Andrew.Cropper@efirstbank.com**

**Western State Bank (Mtg. Lender) -- Deanna Costa – 976 W. Chandler Blvd.,
Chandler AZ 85225 -- 480-917-4242 -- deanna.costa@westernbanks.com**



Other Bank - _____

Banker: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

KA Lindow, CPA, PC
Ken@LindowCPA.com
Fax: 480-452-0843

Client Name: _____

Credit Card Payments

Charge/Payment Amount: \$ _____

Item purchased from us: _____

Card Type: Visa Master Card Discover AMX

Name on the Card: _____

Card Number: _____

Card Expiration Date: _____

Card Security Code from the back of the card _____

Card Holder Name: _____

Card Holder Billing address for the card:

Street _____

City, St. Zip _____

Phone number your card company has on your account _____

Signature _____ Date _____ 20__

Bank Account Payment Information

Bank Account – Wells Fargo Bank

Routing No. – 122105278

Account No. – 2602243053