

# Hessel & Associates, L.L.C.

Pension Consultants

*In order to provide a more accurate assessment and plan proposal, please complete the following information along with the census request. Upon completion, email the requested information to [hello@hesselpen.com](mailto:hello@hesselpen.com).*

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

-  
**Plan Contact:** \_\_\_\_\_

-  
**Address:** \_\_\_\_\_

-  
**Type of Entity:** \_\_\_\_\_

-  
**Is there an existing plan in this entity: Yes/No? If Yes, list type(s) of plan(s):** \_\_\_\_\_

-  
**Does an owner or spouse of an owner have any ownership interest in any other business entity? Yes/No**

-  
**All individuals who had any ownership during the plan year. Please indicate percentage owned.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Officers who do not have ownership.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employees who are related to any owner (spouses, children, parents, in-laws, grandparents, grandchildren, siblings). Please list relationship next to name.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_