NORTH STAR
RETIREMENT SOLUTIONS LLC

Client Intake Form

North Star Retirement Solutions LLC

Fields marked * are required.

1. CLIENT INFORMATION

Exact Legal Company Name *

Street Address * | Suite / Unit

City * | State * | ZIP Code * | Phone Number * | EIN * (XX-XXXXXXX) | Year Founded *

Entity Type * (check one)

☐ S Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

☐ LLC - Partnership ☐ LLC - S Corp ☐ Other (describe):

Nature of Business * | Company Fiscal Year End (MM/DD) | Payroll Frequency | Payroll Vendor

2. PRIMARY CONTACT

Primary Contact Name * | Email * | Phone Number *

3. OWNERSHIP INFORMATION

Owner Name *	Owner Email *	Ownership %	Plan Trustee? *	SSN (trustees only)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

More than four owners? Attach a separate sheet with the same information for each.

4. EXTERNAL CONTACTS (OPTIONAL)

Financial Advisor Name | Firm | Email | Phone Number

Accountant / CPA Name | Firm | Email | Phone Number

5. ADDITIONAL INFORMATION

Does the company currently have a retirement plan in place? * ☐ Yes ☐ No

If yes, plan type: ☐ 401(k) ☐ Profit Sharing ☐ SIMPLE IRA ☐ SEP IRA ☐ Defined Benefit / Cash Balance ☐ Other:

Do any of the owners own another business? * ☐ Yes ☐ No

If yes, provide details, including business name, EIN, and ownership percentages

Name of Person Completing This Form * | Date

Return the completed form to sales@northstar-retirement.com