

PLAN DESIGN

Company Name: _____

Company Address: _____

Entity Type: Corporation S Corp Partnership Sole Proprietorship LLC

Is the Employer a member of a Controlled Group: Yes No

Employer's Tax Identification Number: _____ Employer's Tax Year End: _____

Employer's Telephone Number: _____ FAX #: _____

Employer's e-mail address: _____

Send Billings to: _____

Plan Name: _____

Date of Incorporation: _____ Plan Effective Date: _____

Plan Number (001, 002, etc.): _____ Does Company have another qualified Plan? Yes No

If yes, what type of Qualified plan is it: _____

DESIGN CONSIDERATIONS:	OPTIONS:
Who will be the Trustee(s) of the Plan?	Individual(s): _____ Corporate: _____
Eligibility Requirements (years):	3 months 6 months 1 year Other: _____
Age Requirements:	No Age 18 19 20 21 Other: _____
Plan Entry Dates:	Date of Event Monthly Quarterly Semi-Annual Annual Other: _____
Immediately Eligible if Employed on the Effective Date (New Plans Only):	Yes No
Recognize Service with a Prior Employer:	Yes No If Yes, Who? _____
Commence Deferrals After Eligible:	Any Pay Period Monthly Quarterly Semi-Annually Annually Other: _____
Modifications to Salary Deferral %:	Any Pay Period Monthly Quarterly Semi-Annually Annually Other: _____
Allow Special One-Time Deferral Elections on Bonus Compensation:	Yes No
Allow for Roth 401(k):	Yes No
Safe Harbor 401(k) Plan:	Yes No
Contribution Used To Meet Safe Harbor:	Safe Harbor Matching Formula A.) 100% on the first 3% and 50% on the next 2% (Basic SH Match) B.) 100% on the first 4% (Enhanced SH Match) 3% Safe Harbor Non-Elective
ADP/ACP Testing Method:	Prior Year (requires that the HCE's may only defer 5% in the first year of the plan) Current Year (allows you to use average NHCE's)
Subject to QDIA:	Yes No

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Shall there be an Employer Match:	Yes No
Employer Matching Formula:	DISC ____%* on the first ____% (i.e. 50% on the first 6%) *This percentage will be written as a discretionary percentage in the document
Frequency that Match will be paid in:	Per Payroll Monthly Annually Other: _____
Hours required to share in Matching:	None (typical) 1/501 (Standardized - Active/Terminated) 1000/will not share (Non-Standard - Active/Terminated)
Forfeitures from Matching:	Use to pay Administrative Expenses FIRST Yes No THEN Used to Reduce future contributions (typical) Reallocated to eligible participants
Profit Sharing Contribution:	Compensation/Total Compensation (typical) Integrated with Social Security % of Taxable Wage Base: Cross Tested Profit Sharing
Hours required to share in Profit Sharing:	None 1/501 (Standardized - Active/Terminated) (typical) 1000/will not share (Non-Standard - Active/Terminated)
Forfeitures from Profit Sharing:	Use to pay Administrative Expenses FIRST Yes No THEN Used to Reduce future contributions (typical) Reallocated to eligible participants
Compensation:	From Date of Participation Only (typical) For Entire Plan Yr
Vesting Schedule for Prior Employer:	100% Immediate 6 year graded (2/20%) 3 year cliff Other: _____
Years for Vesting:	All Years Only Years from the Effective Date of the Plan
Normal Retirement Age:	65 Other: _____
Transfers from other Qualified Plans:	Yes No If Yes: From any Employee (typical) From Participants Only
Loans to Participants:	Yes No
Loan Refinance:	Yes No
Limitations on Loans:	Hardship Reasons Only Min. loan of \$1,000.00 (typical)
Hardship Distributions:	Yes No If Yes: From Deferrals Only (typical) From Any 100% Vested Source
In-Service Distributions:	Yes Age 59 1/2 (typical) No
Fees Paid By Participants:	Yes No
Threshold for Force Outs:	Less than \$1,000 \$1,000 to \$5,000 Forced to an IRA (paid to Participant) at: _____

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GENERAL INFORMATION

Current Investment Provider: ID #:

Current Investment Provider Contact:

Current Investment Provider Email: Phone #:

Current Recordkeeper:

Current Recordkeeper Contact:

Current Recordkeeper Email: Phone #:

Current Payroll Provider

Current Payroll Contact:

Current Payroll Provider Email: Phone #:

Current Pay Schedule: **Weekly** **Semi-Weekly** **Monthly** **Semi-Monthly**

Next Pay Date:

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The following items will be necessary to facilitate the takeover of an existing Plan.

This list may be used as a checklist for your convenience.

Current Adoption Agreement with Amendments

Basic Plan Document (if applicable)

Summary Plan Description (SPD)

Loan Procedures (if applicable)

Prior Year ADP/ACP Test

Prior Year Top Heavy Test

Prior TWO Years of IRS Form 5500

Report of year-end balances listed by participant name and source of money.