

403(b) PLAN DESIGN QUESTIONNAIRE

Company Name: _____

Company Address: _____

Entity Type: Non-For-Profit _____ Governmental _____ School – Gov't _____ Hospital – Gov't _____ Other _____

Is the Employer considered to be a member of a Controlled Group: Yes _____ No _____

Employer's Tax Identification Number: _____ Date Business Commenced: _____

Employer's Tax Year End: _____

Employer's Telephone Number: _____ Employer's Fax Number _____

Employer's e-mail address: _____

Send Billings to: _____ Day to Day Contact: _____

Plan Name: _____

Plan Effective Date _____ Plan Year End: _____

Plan Number (001,002,etc.) _____ Investment Product: _____

Does Company have another qualified plan? Yes _____ No _____ If yes, what type of qualified plan is it: _____

Design Considerations	Options
Who will be the Administrator(s) of the Plan	Individuals _____ Corporate _____
Eligibility Requirements (years) other than Salary Deferrals	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 Other: _____
Immediately Eligible if Employed on the Effective Date (New Plans Only)	Yes No
Excluded Employees	Students performing services EEs who normally work fewer than 20 hrs per week
Vesting Schedule for Employer Money	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: _____
Modifications to Salary Deferral %	Any Pay Period Monthly Quarterly Semi—Annually Other: _____
Allow for Roth 403(b)	Yes No

