



CONFIDENTIAL

A. COMPANY INFORMATION

Please print or type.

Complete Legal Name of Employer (as it will appear on all Plan Documents) _____

Street Address _____

Mailing Address (if different from street address) _____

Contact Person & Title _____

Telephone Number () _____ Fax Number () _____ E-mail _____

Corporation "S" Corporation Professional Service Corp. Sole Proprietor Partnership LLC Other _____

Date Business Begins _____ Date Incorporated (if corporation) _____ Fiscal Year End (Month/Day) _____

Nature or Business Activity (e.g., auto dealer, school, law office) _____

SIC Code _____ Employer Tax ID Number _____

B. CLIENT ADVISOR INFORMATION

ACCOUNTANT

Name _____

Company _____

Address _____

Telephone () _____ Fax () _____

Send copies of plan information Yes No

ATTORNEY

Name _____

Company _____

Address _____

Telephone () _____ Fax () _____

Send copies of plan information Yes No

INVESTMENT ADVISER / INSURANCE AGENT

Name _____

Company _____

Address _____

Telephone () _____ Fax () _____

Send copies of plan information Yes No

OTHER

Name _____

Company _____

Address _____

Telephone () _____ Fax () _____

Send copies of plan information Yes No

Plan Documents must be signed by the last day of the fiscal year for which they are to be effective. Trustee cannot accept any funds or sign any investment or insurance applications until the Plan Documents have been signed.

Submitted by _____ **Date** _____



A. PLAN OBJECTIVES

- Do you have a specific type of plan in mind? If so, indicate type

- Is flexibility in deciding what amount (if any) will be contributed to the plan each year important? Yes No
- What level of contributions is the company prepared to make? _____% of payroll
OR Range of \$_____ to \$_____
- Are daily valuation, voice response, and Internet capability desirable?
 Yes No
- What are the company objectives in establishing a plan? (*check all that are applicable.*)
 - Tax deductions for company
 - Accumulate substantial retirement income for owner(s)
 - Create a non business asset for owner(s)
 - Provide retirement security for employees
 - Attract and retain employees
 - Benefit key employees
 - Allow employee pretax savings
- When does the company intend to adopt the plan? _____
- When does the company plan to make the first contribution? _____
- Are you willing to make a fixed contribution if it allows highly compensated employees to defer maximum amounts?

B. SPECIFIC PLAN PROVISIONS

ELIGIBILITY

- Waiting Period (up to 2 years; 1 year for 401(k) plans)
_____ Months Minimum age (21 or less) _____
- Job class: Full-time Nonunion Other

COMPANY CONTRIBUTIONS

(If a 401(k) plan, check all types of contributions to be included.)

- **Discretionary Profit Sharing** Allocated: Proportional to pay
 Integrated with Social Security
 Age-weighted
 Cross-tested
- Must be employed on the last day of year to get contribution: Yes No
- **Match** Amount of match: \$_____ per \$1.00
 Ongoing Your-end
 Level of match First 6% First 5% First 4%
 First 3% Other _____
- **Required** Amount: _____% of pay
 Integrated with Social Security
- Must be employed on the last day of year to get contribution: Yes No
 Safe Harbor: Yes No

EMPLOYEE CONTRIBUTIONS

- Employee 401(k) Deferrals: Minimum _____% Maximum _____%
Begin deferral contributions _____
- Allow special deferral on bonuses paid? Yes No
- Payroll Provider: _____
Payroll Frequency: _____
Electronic Transmission Medium: Tape Disk Modem Email
Does your payroll area have internet access? Yes No

REPORTING FREQUENCY

- Annually Semiannually Quarterly

INVESTMENTS

- Will employees be allowed to choose between investments?
 Yes No
If yes, how often? Daily Monthly Quarterly Semiannually
Number of investment options _____
- Types of investments _____
- Will individual life insurance be offered? Yes No



B. SPECIFIC PLAN PROVISIONS

AVAILABILITY OF PLAN FUNDS

- Vesting of Company Contributions:
 - Full and immediate
 - Most gradual schedule allowed by law
 - Other (specify) _____

- Participate Loans: Yes No Hardship only
Loan Minimum (\$1,000) Yes No

- Normal Retirement Age: _____

- Forfeitures: Reallocated
 Used to reduce future contributions

- Hardship Withdrawals of Employee 401(k) Account: Yes No

- Withdrawals of Employer Profit Sharing Account: Yes No



A. AFFILIATED ORGANIZATION INFORMATION

The IRS has special rules for "related businesses." Please provide the following information.

| Name of Related Business | Names of Owners Interest | # Employees |
|--------------------------|--------------------------|-------------|
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |

■ Does the spouse of any controlling owner have an ownership interest in any other business? Yes No
If yes, explain: _____

■ Is there a close relationship between the Employer's business and any other business? Yes No
If yes, does this involve: Affiliated Services? Management Services?

■ Does the business utilize leased employees? Yes No

B. PRIOR AND EXISTING PLAN INFORMATION

(Prior and existing plans impact any **new** plan. Omit this section if Employer has **never** had a plan.)

■ Has Employer previously had an employee benefits plan which has been terminated? Yes No
If yes, give plan type _____ termination date _____ and current status of plan assets.
(Copies of Plan Documents and the last Annual Report and Valuation should be attached.)

■ Does Employer have an existing retirement plan? Yes No
If yes, name of current service provider _____

What type of plan is it? (Check one or more.)

- Defined Benefit Pension
- Money Purchase Pension
- Target Pension
- Profit Sharing Plan

DOL three digit plan No.(s) _____

- 401(k) Profit Sharing Plan
- Simplified Employee Pension (SEP/IRA)
- Other Qualified Salary Deferral Arrangements (403(b))
- SIMPLE Retirement Account

■ The following information is required, to provide an estimate to take over the existing plan.

- Copy of Last Report/Valuation
 - Participant account balances
 - 5500 and all related schedules
- Complete Plan Documents, including Summary Plan Description
- Favorable Determination Letter
- Trust financial statements
- Actuarial valuation (if defined benefit plan)

■ Will the plan under consideration replace enhance supplement the existing plan?

■ What are the types of current assets held in the plan and their value? _____

■ Do any current assets have back-end loads, sales charges, or market value adjustments? _____

■ If Employer intends to terminate an existing plan, who will handle the termination? _____