



NEW PLAN INFORMATION FORM

Employer _____

Address: _____ Main: _____

_____ Fax: _____

_____ Email: _____

Contact _____ Direct (____) _____

EIN # _____ Trust # _____ Fiscal Year End _____ Plan Year End _____

Date of Business Commencement: _____ EIN #: _____ Business Code: _____

Entity Type: Corporation S Corporation Sole Proprietor Partnership LLC(taxed:
Corp/ Partnership/ Sole Prop) Other:

Plan Name _____

Trustee(s) _____

Plan Effective Date _____ Resolution Date _____

Provisions Effective Date _____

_____ IRS Plan # _____

Accountant _____ Phone (____) _____

_____ Fax (____) _____

_____ E-mail _____

Investment Advisor _____ Phone (____) _____

_____ Fax (____) _____

_____ E-mail _____

Financial Institution _____

Owner(s) _____ Percent _____

Officers:

President: _____ Secretary: _____

Vice-President: _____ Treasurer: _____

ELIGIBILITY

Minimum Age (21 max)

Months

Hours (1,000 max)

Profit Sharing

Match

401k

_____(24 max)

_____(12 max)

_____(12 max)

Eligible if employed on (regardless of hours):_____

Money Type: Employer 401k & Match

Enter on: Beginning of plan year Same as waive date

ENTRY DATE

Earlier of first day or 7th month (SEMI-ANNUAL)

First day of plan QUARTER

First day of MONTH

Date eligibility is satisfied

401k

401k Change: Quarterly Monthly Annually

Any

Roth: Yes No

Match Timing Annual Per Pay Period

Safe Harbor: N/A 3% Contribution

Match:_____

VESTING

_____ Hours of Service

6 Years (0, 20, 40, 60, 80, 100%)

5 Years (20, 40, 60, 80, 100%)

4 Years (25, 50, 75, 100%)

3 Years (33, 66, 100%)

3 Year Cliff (0, 0, 100%)

100% Immediately

VESTING BEGINS

Plan Start Date Date of Hire

EXCLUDED

None Union Class

CONTRIBUTION
REQUIREMENT

Employer

- Employed on last day
 1,000+ hours 501+ hours

Hours: _____

Match

- Employed on last day
 1,000+ hours 501+ hours

Hours: _____

ALLOCATION

- Proportion of Compensation
 Integrated with Social Security
 Age Weighted
 Comparability (*target*):

1. _____
2. _____
3. _____
4. _____

INVESTMENT CONTROL

Employer Contributions

- Trustee Participant

Matching Contributions

- Trustee Participant

Safe Harbor Contributions

- Trustee Participant

401k Contributions

- Trustee Participant

LOANS

Employer

- Yes No

Match

- Yes No

Safe Harbor

- Yes No

401k

- Yes No

HARDSHIP

- Yes No

Predecessor Employer: _____

Controlled Group/Related Entities/Affiliated Service Groups (Include Name, percent owner, etc.)

Notes: _____

X _____

(Signature)

(Date)