

# AUTHORIZATION FORM

\_\_\_\_\_ Admin Year     PS     401k     DB     DB/DC    Type of Combo: \_\_\_\_\_  
 New Plan     Takeover-restate     Takeover-old doc     Existing Client-restate     Doc Only  
Consultant: \_\_\_\_\_ Administrator: \_\_\_\_\_ Binder #: \_\_\_\_\_

Employer \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_ EID # \_\_\_\_\_

Business Code \_\_\_\_\_ Trust # \_\_\_\_\_

Date Business Commenced \_\_\_\_\_ Fiscal Year End \_\_\_\_\_

Type of Entity:                     Corporation                     S Corporation  
                                          Sole Proprietor                 LLC (taxed as:  Corp /  Partnership)  
                                          Partnership                     Other: \_\_\_\_\_

Accountant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Inv. Advisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Product \_\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

Board of Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stockholders/Owners \_\_\_\_\_ Percent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Plan \_\_\_\_\_

Name of Trust \_\_\_\_\_

Trustee \_\_\_\_\_

Effective Date of Plan \_\_\_\_\_ Date of Resolution \_\_\_\_\_

Effective Date of Provisions \_\_\_\_\_ IRS Plan # \_\_\_\_\_

ELIGIBILITY

Employer

\_\_\_\_\_ Minimum Age  
\_\_\_\_\_ Months of Employment (24 max)  
\_\_\_\_\_ Hours of Service (1,000 max)

401k and Match

\_\_\_\_\_ Minimum Age  
\_\_\_\_\_ Months of Employment (12 max)  
\_\_\_\_\_ Hours of Service (1,000 max)

- All employees who, regardless of hours, are employed on:
  - Employer Contribution: \_\_\_\_\_
  - 401k & Match: \_\_\_\_\_

ENTRY

- Earlier of first day or 7<sup>th</sup> month (SEMI-ANNUAL)
- First day of plan QUARTER
- First day of MONTH
- Date eligibility is satisfied

401k

401k Change:  Quarterly     Monthly     Annually     Any

ADP Test:     Prior Year     Current Year

Roth:     Yes     No

Safe Harbor:  N/A     3% Contribution

Match: \$1 for \$1 up to 4%

Other: \_\_\_\_\_

VESTING

\_\_\_\_\_ Hours of Service

- 6 Years –0-(0,20,40,60,80,100%)
- 5 Years –0-(20,40,60,80,100%)
- 4 Years –0-(25,50,75,100%)
- 3 Year Cliff –0-(0,0,100%)
- 100% Immediately

VESTING BEGINS

Plan Start Date     Date of Hire

EXCLUDED

None       Union       Non-Resident Alien

Class: \_\_\_\_\_

CONTRIBUTION  
REQUIREMENT

*Employer*

Employed on last day       No Requirement

1,000+ hours       501+ hours       Hours: \_\_\_\_\_

*Match*

Employed on last day       No Requirement

1,000+ hours       501+ hours       Hours: \_\_\_\_\_

ALLOCATION

Proportion of Compensation

Integrated with Social Security

Age Weighted

Comparability (*target*):      1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

INVESTMENT

*Employer Contributions*

Trustee       Participant

*Matching Contributions*

Trustee       Participant

*401k Contributions*

Trustee       Participant

LOANS

*Employer*

Yes       No

*Match*

Yes       No

*401k*

Yes       No

HARDSHIP

Yes       No

PLAN YEAR

Begins on the first of \_\_\_\_\_

Ends on the last of \_\_\_\_\_

EMPLOYER

N/A or *Shall also mean:*       Predecessor       Other

\_\_\_\_\_

