E USE ONLY	AUTHORIZA1	TION FORM
	restate □Takeover-old de	□DB □DB/DC Type of Combo: oc □Existing Client-restate □Doc Only
		or: Binder #:
Employer		
Address:		Phone ()_
		Fax ()
		E-mail
County Contact Person		EID #
Business Code		Trust #
		Fiscal Year End
Type of Entity:	□ Corporation□ Sole Proprietor□ Partnership	☐ S Corporation☐ LLC (taxed as: ☐Corp / ☐Partnership)☐ Other:
Accountant		Phone ()
		Fax ()
		E-mail
Inv. Advisor		Phone ()
		Fax ()
		E-mail
Product		
President		Secretary
Vice President		
Board of Directors		
_		
Stockholders/Owners		Percent
		Percent
_		
Name of Plan		
Name of Trust		
Effective Date of Plan		Date of Resolution
LITECTIVE DATE OF FIGURIOUS		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 th month (SEMI-ANNUAL)				
	□ First day of plan QUARTER□ First day of MONTH				
	□ Date eligibility is satisfied				
401k	401k Change: □ Quarterly □ Monthly □ Annually □ A				
	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 □ Class:	□ Union	□ Non-Resident A	
CONTRIBUTION REQUIREMENT				
Employer	□ Employed □ 1,000+ ho	on last day urs □501-		No Requirement Hours:
Match	☐ Employed ☐ 1,000+ ho	on last day urs □501-	⊢ hours □	No Requirement Hours:
ALLOCATION			ity	
	□ Comparat	mity (target).	2 3	
INVESTMENT				
	□ Trustee	□ Participant		
Matching Contributions	□ Trustee	•		
401k Contributions	□ Trustee	□ Participant		
LOANS				
Employer	□ Yes	□ No		
Match 401k	□ Yes □ Yes	□ No □ No		
70 IN	⊔ । ৫১	⊔ INU		
HARDSHIP	□ Yes	□ No		
PLAN YEAR	Begins on the	e first of	Ends on t	he last of
EMPLOYER	□ N/A or Sh	all also mean:	□ Predecessor	□ Other

Plan N	employer have/had any other qualified plans in past 5 years? Output Description: Description: Plan Type Output Provided to the provided of the provided to the provided
	CLIENT RESPONSIBILITY CHECKLIST
•	Promptly provide: annual census, bond, blackout notice, terminations & investment statements. Provide participants: beneficiary/enroll forms, SPD's and PPA quarterly benefit statement.
•	Open investment account prior to year end and make timely 401k deposits. Review 401(k) General Overview (ADP, Top-Heavy, 100% vest Safe Harbor w/ no last day).
•	Review DB General Overview (may require PBGC reporting, permanency). NH HICKS may be compensated by investment provider (if so, typically up to 5/100 of 1%). NH HICKS requires 30 days after receiving data to provide administration or a rush fee applies.
nstall /	/ Restate: Base \$ Plus \$ / Participants = \$
Admini	stration: Base \$ Plus \$ / Participants = \$
	stributions, amendments or extensions - \$95 (annual loan \$35). / Trust accounting \$95 per hour.
טם. טוג	stributions, amendments or PBGC reporting - \$225.
Notes:	

I AUTHORIZE NH HICKS TO PERFORM THE WORK FOR FEES LISTED