

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's Legal Name: _____

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 & SSN _____

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 7th 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

Are there any controlled/affiliated service group businesses including spouses? No Yes: _____

Does employer have/had any other qualified plans in past 5 years? No Yes: IRS# _____

Plan Name _____ Plan Type _____

Active or Terminated? _____

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.

Install / Restate: Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____

Administration: Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____

DC: Distributions, amendments or extensions - \$125 (annual loan \$35). / Trust accounting \$125 per

hour. DB: Distributions, amendments or PBGC reporting - \$225.

Invoices: _____

X _____

(Signature)

(Date)

I AUTHORIZE NH HICKS TO PERFORM THE WORK FOR FEES LISTED