E USE ONLY	AUTHORIZA	ATION FORM
Admin Year		□DB □DB/DC Type of Combo: □ doc □Existing Client-restate □Doc Only
		rator: Binder #:
		Phone ()
County Contact Person Business Code		E-mail
Type of Entity:	□ Corporation□ Sole Proprietor□ Partnership	 □ S Corporation □ LLC (taxed as: □Corp / □Partnership) □ Other:
		Phone () Fax () E-mail
		Phone () Fax () E-mail
Product		
President Vice President		Secretary Treasurer
Board of Directors		
Stockholders/Owners		Percent
Name of Plan		
Name of Trust		
Effective Date of Plan Effective Date of Provision	s	Date of Resolution 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

	nployer have/had any other qualified plans in past 5 years? □No □Yes: IRS#
Plan Na Nctive o	me Plan Type r Terminated?
ACTIVE O	Terrimated:
	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.
•	Triffic to requires 30 days after receiving data to provide administration of a rush lee applies.
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I AUTHORIZE NH HICKS TO PERFORM THE WORK FOR FEES LISTED