

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 _____ EIN # _____

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
- 1,000+ hours
- 501+ hours
- No Requirement
- Hours: _____

Match

- Employed on last day
 - 1,000+ hours
 - 501+ hours
 - No Requirement
 - Hours: _____
-

ALLOCATION

- Proportion of Compensation
 - Integrated with Social Security
 - Age Weighted
 - Comparability (*target*):
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
-

INVESTMENT

Employer Contributions

Matching Contributions

401k Contributions

- Trustee
 - Participant
 - Trustee
 - Participant
 - 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
-

