



403(b) Authorization Form

Employer _____ Phone (____)_____

_____ Ph.Type office cell other

_____ Fax (____)_____

Date Business Commenced _____ EID # _____

Business Code _____ Trust # _____

Contact Person _____ Fiscal YE _____

Email _____ Plan YE _____

Entity type Non-profit _____

Accountant _____ Phone (____)_____

_____ Fax (____)_____

_____ E-mail _____

Inv. Advisor _____ Phone (____)_____

_____ Fax (____)_____

_____ E-mail _____

Annuity Contracts / Custodial Account: _____

Board of Directors _____

Name of Plan _____ **403(b) Plan**

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)

Employer 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: _____

Employee Deferral

EXCLUDE

No Age or Service Requirement Allowed – Immediate Entry

- None
- Students performing Certain Services
- Under _____ Hours Per Week (20 Hours max)
- Minimum Annual Salary Reduction \$ _____ (\$200 max)

ENTRY

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

EMPLOYEE DEFERRAL

- | | | |
|-------------|-------------------------------------|---|
| ACP Test | <input type="checkbox"/> Prior Year | <input type="checkbox"/> Current Year |
| Roth | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safe Harbor | <input type="checkbox"/> N/A | <input type="checkbox"/> 3% Contribution |
| | | <input type="checkbox"/> 3% NHCE only (New Comp. default) |
| | | <input type="checkbox"/> Basic Match \$\$ up to 3%+50 next 2% |
| | | <input type="checkbox"/> Enhanced Match _____ |

Special Effective Date for Provision _____

VESTING

Vesting Schedule

Vesting Begins

- | | |
|---|--|
| _____ Hours of Service | <input type="checkbox"/> Plan Start Date |
| <input type="checkbox"/> 6 Years (0,20,40,60,80,100%) | <input type="checkbox"/> Date of Hire |
| <input type="checkbox"/> __, __, __, __, __, 100% (Minimum above) | |
| <input type="checkbox"/> 3 Year Cliff (0,0,100%) | |
| <input type="checkbox"/> 100% Immediate | |



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, ERISA bond, blackout notice, investment statements.
- Provide participants: beneficiary/enroll forms, SPD, SAR, QDIA and 404(a)(5) information.
- Timely salary deferral and loan payments required (7 days).
- Review General Overview (ACP, Top-Heavy, 100% vest Safe Harbor w/ no last day).
- Follow proper applicable termination, distribution and Force-out procedures.
- F&B may be compensated by investment provider (if so, typically up to 5/100 of 1%).
- F&B requires 45 days after receiving data to provide administration or a rush fee applies.

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

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

See Fee Schedule for complete list. Special pricing valid for up to three years.

Assets held outside of a platform subject to additional accounting charges.

Pricing Notes _____

Notes _____

I AUTHORIZE FARMER & BETTS TO PERFORM THE WORK FOR FEES LISTED

X _____

(Signature)

(Date)

OFFICE USE

- _____ F&B Admin PYE 1 SPD
- New Plan Takeover-restate Takeover-old doc Existing Plan Change Doc Only

Consultant: _____

Administrator: _____