

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone Type  office  cell  other  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Date Business Commenced \_\_\_\_\_ EID # \_\_\_\_\_  
 Business Code \_\_\_\_\_ Trust # \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Fiscal YE \_\_\_\_\_  
 E-mail \_\_\_\_\_ Plan YE \_\_\_\_\_  
 Entity Type       C-Corporation                       S-Corporation  
                           Sole Proprietor    LLC (taxed as  Corp /  Pass-thru)  
                           Partnership/ LLP     Other: \_\_\_\_\_  
 Accountant \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Inv. Advisor \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Payroll Service Provider \_\_\_\_\_ Frequency \_\_\_\_\_  
 Prior TPA \_\_\_\_\_ Date Term Letter Sent \_\_\_\_\_  
 Financial Institution / Product (old) \_\_\_\_\_ (new) \_\_\_\_\_  
 Officers / Managing Members: List All, Provide Name and Title (i.e. President, Secretary)

_____	_____	_____
_____	_____	_____
<b>Board of Directors</b>	<b>Stockholders/Owners</b>	<b>Ownership Percent</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

Plan Name \_\_\_\_\_  
 Trustee(s) \_\_\_\_\_  
 Trustee e-mail \_\_\_\_\_  
 Plan Effective Date \_\_\_\_\_ IRS Plan # \_\_\_\_\_  
 401(k)/Safe Harbor Effective Date\* \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

\*Must coincide with first payroll deduction

ELIGIBILITY

*Employer*

\_\_\_\_\_ Minimum Age  
 \_\_\_\_\_ Months of Employment (24 max)  
 \_\_\_\_\_ Hours of Service (1,000 max)

*401(k) 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 \_\_\_\_\_
  - 401(k) & Match \_\_\_\_\_

ENTRY

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

401(k)

- ADP/ACP Test  Prior Year  Current Year  
 Roth  Yes  No  
 Safe Harbor  N/A  3% Contribution  
 3% NHCE only (New Comp. default)  
 Basic Match \$\$ up to 3%+%50 next 2%  
 Enhanced Match \_\_\_\_\_

Special Provisions \_\_\_\_\_

VESTING

- | <i>Vesting Schedule</i>   | <i>Vesting Begins</i>                    |
|---|--|
| _____ 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                           |  |

# Authorization Form

EXCLUDED EMPLOYEES  None  Union  Class: \_\_\_\_\_  
\_\_\_\_\_

---

## CONTRIBUTION REQUIREMENT

<i>Employer</i>	<input type="checkbox"/> None	<i>Match</i>	<input type="checkbox"/> None
	<input type="checkbox"/> Employed on last day		<input type="checkbox"/> Employed on last day
	<input type="checkbox"/> 1,000+ hours		<input type="checkbox"/> 1,000+ hours
	<input type="checkbox"/> 501 hours <u>or</u> last day		<input type="checkbox"/> 501 hours <u>or</u> last day

---

MATCH FREQUENCY  Per pay period  Annual

---

ALLOCATION  Proportion of Compensation  
 Social Security Integration Level \_\_\_\_\_  
 Age Weighted  
 Comparability (*target*) 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

---

## INVESTMENT DIRECTION

<i>Employer</i>	<input type="checkbox"/> Trustee	<input type="checkbox"/> Participant
<i>Match</i>	<input type="checkbox"/> Trustee	<input type="checkbox"/> Participant
<i>401(k)</i>	<input type="checkbox"/> Trustee	<input type="checkbox"/> Participant

---

LOANS

<i>Employer</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Match</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>401(k)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HARDSHIP  Yes  No

---

FORCED DISTRIBUTIONS  \$1,000 Check, \$5,000 IRA – Custodian \_\_\_\_\_  
 \$1,000 Check  
 \$0 to \$5,000 IRA – Custodian \_\_\_\_\_

PREDECESSOR  None  
 EMPLOYER  Yes (Name, EIN) \_\_\_\_\_

Are there any related/controlled/affiliated service group businesses including spouses?  
 No  Yes If yes, attach separate page 1 for each entity.

Has the employer (or related entities) presently or previously sponsored within the last 5 years any other qualified plans?  No  Yes IRS# \_\_\_\_\_  
 Plan Name \_\_\_\_\_ Plan Type \_\_\_\_\_  
 Active or Terminated? \_\_\_\_\_

CLIENT RESPONSIBILITY CHECKLIST

- Promptly provide F&B: annual census, ERISA bond, blackout notice, investment data access.
- Provide participant: beneficiary/enrollment forms, SPD, 404(a)(5), QDIA and SAR information.
- Respond and use F&B primary forms of communication, e-mail and client portal.
- Timely 401(k) and loan payment required (7 days).
- 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).
- Install process includes up to 5 hours of service – then fees apply
- Follow applicable Force-out procedures for terminated participants.
- 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)

_____ F&B Admin Consultant _____	Administrator _____
<input type="checkbox"/> Paper Copy	Deliver to _____ <input type="checkbox"/> PS <input type="checkbox"/> 401k <input type="checkbox"/> DB <input type="checkbox"/> DB/DC Proposal Provided <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> New Plan	<input type="checkbox"/> Takeover-restate <input type="checkbox"/> Takeover-old doc <input type="checkbox"/> Existing Client-restate <input type="checkbox"/> Doc Only

**NOTE: Attach an unsigned, voided check below. The document you attach must be preprinted with the bank name and registration, routing number and account number. Signature authorization of auto debit required. Origination of ACH transactions to my account comply with provisions of United States law.**

Tape your document here.

Abc Incorporated

DATE \_\_\_\_\_

Bank account registration

PAY TO THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

DOLLARS

Anonymous Bank

Bank name

|:999999999|:

000000000|:

Bank routing number                      Bank account number

Account Type:  Checking    Savings      (ONLY complete information not listed above)

Name on Account: \_\_\_\_\_

Phone No. on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing No.: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

**\* TERM & CONDITIONS:**

*I authorize **Farmer & Betts, Inc.** to initiate either an electronic debit or demand draft against my bank account **quarterly**, starting 1<sup>st</sup> business day of 1<sup>st</sup> month (January, April, July, and October) in the quarter based on the Annual Administration fees referenced on Authorization Form (pg. 4)\*. The amount is subject to adjust annually based on participant count. The first (1<sup>st</sup>) auto draft payment is to include Plan Documents, Installation, accrued Plan Year-to-Date Administration fees, and will be debited immediately.*

*I understand that this authorization will remain in effect until I cancel it in writing, and we arrange a new payment method. I agree to notify Farmer & Betts, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I understand that there will be a 5<sup>th</sup> billing annually to true-up for additional work and/or participants.*

\_\_\_\_\_  
Authorized Account Signer

\_\_\_\_\_  
Date