

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)

\_\_\_\_\_  
 \_\_\_\_\_

Board of Directors	Stockholders/Owners	Ownership Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Plan Name \_\_\_\_\_

Trustee(s) \_\_\_\_\_

Trustee e-mail \_\_\_\_\_

Plan Effective Date \_\_\_\_\_ IRS Plan # \_\_\_\_\_

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 Effective Date for Provisions \_\_\_\_\_

VESTING

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

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

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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

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MATCH FREQUENCY  Per pay period  Annual

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ALLOCATION  Proportion of Compensation

Social Security Integration Level \_\_\_\_\_

Age Weighted

Comparability (*target*)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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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

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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

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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).
- DB/CB install process includes up to 5 hours actuarial 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