

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 7th 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 | |

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

ACH bank information

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. A signature authorization of auto debit will be required.

Tape your document here.

Abc Incorporated

DATE _____

Bank account registration

PAY TO THE ORDER OF _____

\$ _____

_____ DOLLARS

Anonymous Bank

Bank name

|:999999999|:

0000000000|:

Bank routing number Bank account number

Bank name	Bank routing number
Bank account number	Bank account registration (the name preprinted on the check)

I authorize **Farmer & Betts, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account **quarterly**, starting 1st business day of 1st month (January, April, July, and October) in the quarter for the amount of \$_____, which is subject to adjust annually based on participant(s) count. I understand that this authorization will remain in effect until I cancel it in writing, and 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 may be a 5th billing annually to true-up for additional work and/or participants. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.*

The 1st auto draft payment in the amount of \$_____ is to include applicable Plan Documents Installation and/or accrued Plan Year-to-Date Administration fees due.

Authorized Account Signer	Date
---------------------------	------