



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

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	<input type="checkbox"/> PYE	<input type="checkbox"/> 1 SPD		
<input type="checkbox"/> New Plan	<input type="checkbox"/> Takeover-restate	<input type="checkbox"/> Takeover-old doc	<input type="checkbox"/> Existing Plan Change	<input type="checkbox"/> Doc Only
Consultant: _____		Administrator: _____		

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. 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
Bank account registration

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

Anonymous Bank
Bank name

:999999999: Bank routing number 0000000000||: Bank account number

VOID

SAMPLE

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 1st business day of 1st 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 (1st) 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 5th billing annually to true-up for additional work and/or participants.

Authorized Account Signer

Date