



401(k) *New Plan Setup*

General Information

Financial Advisor

Name _____
Firm Name _____
Broker Dealer _____
Address _____
Phone _____ Cell _____
Email _____ Rep# _____

Company

Company Name _____
Address _____
Phone _____
Fax _____
HR Contact _____
HR Email _____

Current Plan

Total Plan Assets _____
Number of Eligible Employees _____
TPA _____
Plan Tax ID _____ IRS Plan# _____
Plan Name _____ Plan Year _____

Notes _____

Company Information

Company Officers and Family Members

Please provide the names and titles of officers for the company:

Please provide the names and relationship of family members of the owners who work for the company:

Company Details

Type of Business (C, S, Partnership, LLC, etc.) _____

Company Tax ID _____

IRS 6 Digit Activity Code _____

Company Fiscal Year _____

Date Business Commenced _____

State of Incorporation _____

Other businesses owned by owners or spouses of owners _____

Owners and Plan Trustees

Owner Name _____ Percentage Ownership _____

Owner Name _____ Percentage Ownership _____

Trustee Name _____ Title _____

Trustee Name _____ Title _____

New Plan Options

Loan, Withdrawal, and Rollover Options

Loans: Yes No

Minimum Loan Amount: _____

Hardship Withdrawals: Yes No

In-Service distributions after 59.5: Yes No

Rollovers from other Plans: Yes No

Rollovers from other Plans Prior to Eligibility: Yes No

Eligibility Options

Service Requirements:

Months of Service: _____

Hourly Requirement:

1000 Hours of Service (Maximum Allowed) Other _____

Age:

21 (Maximum Allowed) Other _____

Entry Dates:

Immediate Monthly Quarterly Semi-Annual Other _____

Employee Contribution Options

Roth Contribution:

Yes No

Compensation types exempt from deferrals: _____

Plan Design Notes: _____

New Plan Matching & Contributions

Safe Harbor

Matching:

- \$1 for \$1 up to 4% \$1 per \$1 up to 3%, \$.50 per \$1 from 3-5%

Or -- 3% Profit Sharing Contribution:

- Yes No

Frequency of Contribution:

- Annual Per Pay

(If Per Pay) True-up at Year End:

- Yes No

Matching *(other than Safe Harbor match)*

- Matching Contribution

Company will match _____ % of salary deferral contribution up to _____ % of pay

Frequency of Contribution:

- Annual Per Pay (If Per Pay) True-up at Year End: Yes No

Vesting Schedule:

- 3 Year Cliff 6 Year Graduated 100% Vested Other _____

Forfeitures:

- Allocated to Participants Forfeited Back to Company

Profit Sharing *(other than Safe Harbor profit sharing)*

Number of hours of service annually required to receive contribution: _____

Employment at year end required to get contribution: Yes No

Discretionary: Yes No (If No) Amount of Contribution: _____

Allocation Method: Salary Proportionate Social Security Int. Cross tested

Frequency of Contribution: Annual Per Pay

(If Per Pay) True-up at Year End: Yes No

Vesting Schedule:

- 3 Year Cliff 6 Year Graduated 100% Vested Other _____

Forfeitures: Allocated to Participants Forfeited Back to Company



New Plan Checklist

Step 1

- Information packet completed
 - Plan adoption agreement
 - Previous year's 5500 form
- Dedicated rep# with technology access for ProTPA

Step 2

- Sign new plan document
- Sign plan forms
- ACH forms

Step 3

- Education
- Provide electronic copies of enrollment and election forms to ProEquities, ProTPA, and the company's H.R./payroll department

Step 4

- Invest in new platform
- Provide ProTPA access to prior plan investments
- Letter to prior TPA

Step 5

- Provide 30 day notice of blackout period for asset transfer
- Blackout period