PENSION SERVICES INC
DESIGNING RETIREMENT PLANS FOR MAXIMIZED CONTRIBUTIONS

Designing Retirement Plans for Maximized Contributions

PERFORMING TO A HIGHER STANDARD

Primary Employer Information

1

BUSINESS INFORMATION

Business Legal Name

Business E.I.N. #

Phone

Fax

Employer Fiscal Year End

Employer Business Code

Address

City

State

Zip Code

PRINCIPAL CONTACT INFORMATION

Name

Email

ADDITIONAL CONTACTS

Name

Email

Name

Email

Please note: If you identify more than one contact above, please ensure that you indicate which contact is the principal contact to whom all correspondence with respect to the plan will be sent. Also, each contact listed must be permitted to view, provide and receive confidential information with respect to your organization and it employees.

Type of Entity (select one of a, b, c, d, e or f):

☐ A. Limited Liability Company:

☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Sole Proprietorship ☐ (4) Partnership

☐ (5) Disregarded Entity — The reporting entity is a

☐ B. (C Corporation) ☐ C. (S Corporation) ☐ D. (Sole Proprietorship) ☐ E. (Partnership)

☐ F. Other:

Owners, Officers, Directors, Relatives

Please enter in the spaces below the name of each owner, officer, and director of the Primary Employer

NAME	OWNERSHIP %	OFFICER/TITLE

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer please list them below.

NAME	RELATIVE OF	RELATION

Include Addendum Attachment if you need additional Space

RELATED EMPLOYER DETERMINATION

The IRS considers all employers that are part of a controlled group or affiliated service organization as a single employer (even if you are self-employed and own stock/shares or are affiliated with another 'related' business). It is extremely important you provide us with information about all employers that are related, particularly if they have employees. We recommend that you consult with your tax attorney/CPA before answering the following questions if you are unclear about the answers to the questions below:

Is the Primary Employer a member of a controlled group of businesses? ☐ Yes ☐ No

Is this employer affiliated with any other employer as part of an affiliated service group? ☐ Yes ☐ No

BUSINESS NAME

EMPLOYEE INFORMATION

Do you have any employees who perform services for another company and who get W2 from another company or leasing company? ☐ Yes ☐ No

If "Yes" provide us with the name and phone number of the contact of leasing company:

Company Name ____________ Phone ____________

Is the Primary Employer or any Related Employer use the services a Professional Employer Organization (PEO)? ☐ Yes ☐ No

If "Yes", provide us with the name and phone number of the contact at the PEO:

Contact Name ____________ Phone ____________

If "Yes", has the Primary Employer or a Related Employer adopted the PEO's qualified retirement plan? ☐ Yes ☐ No

Are any employees or group of employees of the Primary Employer, or of a Related Employer, subject to a good-faith collective bargaining agreement, i.e., union employees? ☐ Yes ☐ No

If "Yes", provide us with name and phone number of the contact of the union:

Contact Name ____________ Phone ____________

If there are union employees, do you want to exclude these employees from the plan design? ☐ Yes ☐ No

Do you have employees who perform services in Puerto Rico? ☐ Yes ☐ No

PRIOR OR EXISTING PLAN INFORMATION

Did the Primary Employer or a Related Employer Sponsor a qualified plan in the **past?** If "Yes", identify below: ☐ Yes ☐ No

PLAN NAME	EIN	IRS PLAN#	PLAN STATUS

Does the Primary Employer or a Related Employer **currently** sponsor another qualified plan? ☐ Yes ☐ No

If "Yes", identify below:

PLAN NAME	EIN	IRS PLAN#	PLAN STATUS

If the Primary Employer or a Related Employer currently sponsors any of the following qualified plans, please check the appropriate box:

- ☐ SEP (Simplified Employee Pension)
- ☐ Defined Benefit
- ☐ SARSEP (Salary Reduction Arrangement SEP)
- ☐ Cash Balance
- ☐ 401(k)
- ☐ Profit Sharing
- ☐ SIMPLE-IRA (Savings Incentive Match Plan for Employees — IRA)

ACCOUNTANT INFORMATION

Does the employer use the services of an accounting firm? ☐ Yes ☐ No

If "Yes", please identify below.

Name

Email

ACCOUNTANT FIRM INFORMATION

Firm name

Phone

Fax

Address

City

State

Zip Code

PLAN TRUSTEES

Identify Plan Trustees:

TRUSTEE NAME	SOCIAL SECURITY #

IN-SERVICE DISTRIBUTIONS

Will the plan provide for in-service distributions? ☐ Yes ☐ No

If "Yes", please review and complete the remainder of this section.

Will the participant incur the cost of the in-service distribution's one-time $75 distribution fee as outlined in the attached Schedule of Fees? ☐ Yes ☐ No

If applicable, complete the following:

Contributions from which amounts may be withdrawn:

☐ Salary Deferrals. ☐ Matching Contributions. ☐ Profit Sharing Contributions. ☐ Rollover Contributions.

Will the plan allow in-service distributions to participants upon the occurrence of financial hardship? ☐ Yes ☐ No

OTHER IN-SERVICE DISTRIBUTION

Will the plan allow in-service distributions to participants once they attain a specific age? ☐ Yes ☐ No

If "Yes", enter the age: ______ . (note: if an age earlier than 59-1/2 is entered, and if in-service distributions will be permitted from salary deferrals and/or safe harbor contributions, then age 59-1/2 will automatically apply to in-service distributions from deferrals and/or safe harbor contributions only in accordance with the law.)

Will the plan allow in-service distributions to participants once they have participated in the plan for a specific number of years?

If "Yes", enter the number (not less than 5): ______ .

LOANS INFORMATION

Will the plan provide for loans? ☐ Yes ☐ No

If "Yes", please review and complete the remainder of this section.

If "Yes", will the participant incur the cost of the loan one-time $150 loan fee as outlined in the attached Schedule of Fees? ☐ Yes ☐ No

If applicable, please enter investment platform name: ______

Continues

LOANS INFORMATION *CONTINUATION

LOAN CRITERIA

☐ Minimum loan amount: $. May Not exceed $1,000

☐ The maximum number of outstanding loans per participant is: . (We recommend use of 1 maximum outstanding loan.)

☐ The maximum number of loans per year is: (We recommend use of 1 maximum loan per year)

LOAN DISTRIBUTION

Would you be interested in distributing defaulted loans to participants? ☐ Yes ☐ No

Contributions from which amounts may be withdrawn:

☐ Salary Deferrals. ☐ Matching Contributions. ☐ Profit Sharing Contributions. ☐ Rollover Contributions.

Note: If this plan is on a platform, then depending on the platform, there may be a fee for processing the loan in addition to our fee which is outlined on our fee schedule.

ROLLOVERS

Please indicate whether all employees are eligible to roll over distributions from prior qualified retirement plans or IRAs into this plan, or whether only those employees who have met the plan's eligibility requirements are eligible to roll over distributions from prior qualified retirement plans or IRAs:

☐ All employees may roll over distributions from prior qualified retirement plans or IRAs.

☐ Only employees who have met the plan's eligibility requirement may roll over distributions from prior qualified retirement plans or IRAs.

VESTING

Please note the employee contributions can be subject to a vesting schedule for each year of service completed by the employee. Please select a vesting schedule below.

X	VESTING TYPE	VESTING SCHEDULE	NOTES
	100 % immediate	YEAR: 0 / %: 100%	
	2/20 vesting	YEAR: 1, 2, 3, 4, 5, 6 / %: 0%, 20%, 40%, 60%, 80%, 100%	
	3-year cliff vesting	YEAR: 1, 2, 3 / %: 0%, 0%, 100%	

Is any service to be excluded for purpose of vesting? ☐ Yes ☐ No

If "Yes", complete the following:

☐ Exclude service completed before the establishment of the plan.

☐ Exclude service completed before an employee attains age 18.

Attestation

I hereby confirm that the above (and the information on any addendum) is complete and accurate.

Printed Name

Company Name

/ /
Date

A

Addendum I

If related employers exist, the addendum must be completed for each additional employer that will have W-2 employees.

BUSINESS INFORMATION

Business Legal Name

Business E.I.N. #

Phone

Fax

Employer Fiscal Year End

Employer Business Code

Address

City

State

Zip Code

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Email

ADDITIONAL CONTACTS

Name

Email

Name

Email

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