



# NEW PLAN DOCUMENT INSTALLATION VERIFICATION OF DATA

Proudly Providing Retirement Plan Compliance Since 1975

## COMPANY INFORMATION

<b>Legal Company Name</b>							
<b>Doing Business As Name</b> <small>(if applicable)</small>							
<b>Company Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Company Phone Number</b>		<b>Company E.I.N</b>		<b>SIC/Business Code</b>			
<b>Entity Type</b>				<b>Fiscal Year End</b>			
<b>Main Contact Name</b> <small>(Authorized to receive confidential data)</small>				<b>Email Address</b>			
<b>Additional contacts</b> <small>(Authorized to receive confidential data)</small>				<b>Email Address</b>			

List the name of EACH owner with ownership percentage	
Name	Ownership %

Provide a listing of any family members employed	
Name	Relationship to Owner

### Do any of the owners listed above have ownership in any other companies WITH W2 employees? If yes, please provide the name of each company with owner name and ownership

<b>Name of Company</b>	
<b>E.I.N</b>	

<b>Name of Company</b>	
<b>E.I.N</b>	

Name	Ownership %

Name	Ownership %



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<b>PLAN DESIGN SPECIFICATIONS</b>			
<b>Eligibility period</b>	<input type="checkbox"/> 1 year <input type="checkbox"/> 6 months <input type="checkbox"/> 3 months <input type="checkbox"/> 1 month <input type="checkbox"/> immediate		
<b>Are we grandfathering service with special entry date?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, as of what date?</b>	
<b>Entry dates</b>	<input type="checkbox"/> dual <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> immediate		
<b>Will the plan utilize a safe harbor provision?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, which safe harbor contribution?</b>	
<b>If choosing SH match, will this be calculated per payroll or annual?</b> (annual requires true-up calculation)			
<b>Will only compensation from participant's entry date be recognized?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will plan allow for Hardship Distributions?</b> <small>(Based on Safe Harbor standards)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will plan allow for loans?</b> <small>(If yes, we will limit to 1 loan, \$1,000 and use Prime+1 interest rate)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will plan allow for in-service withdrawals at age 59 1/2?</b> <small>(Note: This is a protected benefit and can not later be removed)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Discretionary employer contribution vesting schedule?</b>	<input type="checkbox"/> 6 year <input type="checkbox"/> 5 year <input type="checkbox"/> 4 year <input type="checkbox"/> 3 year <input type="checkbox"/> 2 year graded <input type="checkbox"/> 3 year cliff <input type="checkbox"/> immediate		
<b>Will plan exclude prior service towards vesting schedule?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will plan exclude service prior to age 18 for vesting schedule</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Normal retirement age</b>	<input type="checkbox"/> Age 65 <input type="checkbox"/> Age 65 and 5 years		
<b>Waiver of allocation conditions for death, disability and attainment of NRA?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Full vesting upon Death or Disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>May employees rollover qualified plan account balances prior to meeting eligibility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will Plan Sponsor also maintain a Cash Balance Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(If yes, which contribution allocation for the Owners is selected?)</b>	



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## MISC. PROVISIONS

Do any of the Employers listed above currently maintain a qualified plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	
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Carpenter Morse Group will make the following assumptions in the preparation of the Plan Documents unless indicated below that an alternate selection be chosen. Please indicate below any provisions you would like to change.

**Provisions that will automatically be INCLUDED:**

Roth deferrals, discretionary match, discretionary profit sharing, allocation conditions (where applicable) of 1000 hours and last day requirement, TOTAL w2 gross income including Section 125, bonus compensation and leave cashouts.

Are there any changes you would like to make?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, please indicate below. If section is left blank, all above provisions will be included)	

**Provisions that will be automatically EXCLUDED:**

Automatic enrollment, automatic escalation, in-plan roth rollovers, in-plan roth transfers, and after-tax contributions will not be included.

Are there any changes you would like to make?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, please indicate below. If section is left blank, all provisions above will be excluded)	

**Legal Name of each Trustee - (contact us if there will be more than 2 trustees listed)**

Trustee #1			Trustee #2		
First	Last	Social Security Number	First	Last	Social Security Number

**CPA Contact Information**

CPA Firm Name					
CPA Firm Street Address		City		State	
CPA Phone Number			CPA Fax number		
CPA Contact Email Address					

Authorized Officer of the Company	Date	CZWf Signature