



**Carpenter Morse Group**

**NEW PLAN DOCUMENT INSTALLATION  
VERIFICATION OF DATA**

Proudly Providing Retirement Plan Compliance Since 1975

**COMPANY INFORMATION**

Legal Company Name					
Doing Business As Name (if applicable)					
Company Street Address					
City			State		Zip Code
Company Phone Number		Company E.I.N			SIC/Business Code
Entity Type				Fiscal Year End	
Main Contact Name (Authorized to receive confidential data)				Email Address	
Additional contacts (Authorized to receive confidential data)				Email Address	
Payroll Company					
Who will submit the per payroll 401k deferral contributions to financial institution? (Provide name of person assigned in your office or indicate Carpenter Morse Group (for additional fee)					

List the name of EACH owner with ownership percentage		Provide a listing of any family members employed	
Name	Ownership %	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			
Name of Company		Name of Company	
E.I.N		E.I.N	
Name	Ownership %	Name	Ownership %

We A.R.E Carpenter Morse Group

**Accurate. Reliable. Experienced.**

Please contact Serena Morse, CPC, QPA, QKC, QKA

smorse@carpentermorsegroup.com

407-420-2010, ext 105



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**PLAN DESIGN SPECIFICATIONS**

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

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**FINANCIAL ADVISOR CONTACT**

Contact 1 Email Address

Contact 2 Email Address

**PLAN NAME**

**MISC. PROVISIONS**

Do any of the Employers listed above currently maintain a qualified plan?

Yes  No

If Yes

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?

Yes  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?

Yes  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		
First	Last	Social Security Number

Trustee #2		
First	Last	Social Security Number

CPA Contact Information

CPA Firm Name							
CPA Firm Street Address			City			State	Zip Code
CPA Phone Number				CPA Fax number			
CPA Contact Email Address							
Authorized Officer of the Company	Date		Signature				

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