



We are pleased you have chosen Pension Strategies to administer your plan. We have tried to make the process as easy as possible. Below is a list of basic documents that we will need to get started. As always, we are happy to assist and answer any questions you may have.

1. Client Information Checklist: Please Complete

In order to set up a new plan, we will need general employer information. We will also need this information when we complete your annual plan administration. All of the questions are important, so please fill out the form completely.

2. Plan Provision Summary: Please Complete

The plan design is essential to the success of your new plan. We would be happy to assist and provide consulting on the plan provisions if you have questions.

3. Form SS-4: Please Sign and Date

Your plan will need to have its own ID number. Please sign the form SS-4 and add your social security number on line #7b. We will complete the form and get the plan ID number for you based on the data you supply on the Client Information Checklist. This ID number will be used on the plan investment accounts.

4. Service Agreement: Please Sign and Date

Our fees for your plan administration are outlined specifically for you in our proposal report. A copy of our complete Fee Schedule is also attached for your reference.



Client Information Checklist

1. Plan Name: _____
2. Plan Year End: _____ Takeover Effective: _____
 Number Participants: _____ Fiscal Year End: _____
 Employer I.D. #: _____ Trust I.D. #: _____
 Plan Effective Date: _____

3. Company Name: _____
 Address: _____

 Phone Number: _____ Fax: _____
 Contact: _____ Cell Phone: _____
 E-Mail: _____

4. Employer Entity:
 C Corporation S Corporation Partnership Sole Proprietorship
 LLC taxed as a: (choose one) C Corp S Corp Partnership or Sole Proprietorship

5. Date Business Commenced: _____ NAICS Business Code: _____ Type of Business: _____

6. Do you or your spouse own, control, or manage another business? Yes No
 Is this business affiliated with any other business? Yes No
 Do you have leased union or shared employees? Yes No
 Does this business have any prior or existing plans? Yes No
 Please explain any "yes" answers: _____

| Names of Owners & Officers* | % of Stock Owned | Title | Family Member? |
|-----------------------------|------------------|-------|----------------|
| | | | |
| | | | |
| | | | |

*Include employees who are related to more-than-5% owners

Mail Delivery: Paper Mail Only E-Mail Only (at above address)

Accountant Name: _____
 Firm Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ E-Mail: _____

Copies of Correspondence?

Yes No

Paper Only E-Mail Only

Financial Advisor Name: _____
 Firm Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ E-Mail: _____

Copies of Correspondence?

Yes No

Paper Only E-Mail Only

Attorney Name: _____
 Firm Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ E-Mail: _____

Copies of Correspondence?

Yes No

Paper Only E-Mail Only



Plan Provision Summary

I. Plan Name: _____

II. Plan Trustee(s) (legal name(s)): _____

III. Plan Provisions:

Eligibility: Age Requirement: _____ (none; age 18; age 21; other not to exceed 21)
 Service Requirement: _____ (none; 3 mos; 6 mos; 9 mos; 12 mos; other)
 Eligibility applies to employees hired after _____ (date or N/A)
 Dual Eligibility (if applicable) _____

Entry Dates: _____ (monthly; quarterly; semi-annual; other)

Allocation Method: _____ (pro-rata; integrated; age-based; cross tested)
 If cross tested, groups: _____

Vesting Schedule (chose one): _____ 100% immediate
 _____ 6 year graded: 20% after 2 yrs; 40% after 3 yrs; 60% after 4 yrs;
 80% after 5 yrs; 100% after 6 yrs.
 _____ 4 year graded: 25% after 1 year; 50% after 2 years
 75% after 3 years; 100% after 4 years
 _____ other, please specify _____

Start Date for Vesting: _____ (date of hire; effective date of plan)

Valuation Dates: _____ (annual; daily provider _____)

Participant Loans: _____ (Yes / No)
 _____ Maximum Loans Outstanding: 1, 2, other)

Rollovers: _____ (Yes / No)

In-Service Withdrawal at Age 59 ½: _____ (Yes / No)

401(k) Plans ONLY

401(k) Deferral Start Date: _____

Roth 401(k): _____ (Yes / No)

Auto Enrollment: _____ (Yes / No) If Yes, indicate percentage _____
 Options: _____ (Regular Auto Enroll / EACA / QACA indicate effective date _____)
 Applies to which Participants: _____ (All / New employees only / No prior election)
 Escalation: _____ (Yes / No) If Yes, indicate details _____

401(k) Deferral Change Date: _____ (pay period; monthly; quarterly; semi-annually; annually)
 Treatment of Bonus Pay [check one]: _____ no salary deferral on bonus but allow special bonus election
 _____ apply existing deferral election on bonus pay

Hardship Withdrawal: _____ (Yes / No)
 After 6 month suspension: _____ Participant completes new election OR deferrals resume automatically

Investment Direction: _____ (Participant / Trustee); If Participant, 404(c)? Yes or No

Safe Harbor Options: _____ (Yes / No / N/A) If Yes, indicate effective date: _____
 _____ Safe Harbor 3% Non-Elective (Year End True-Up Required)
 _____ Safe Harbor Match (100% to 3%; 50% to 5%) or (Enhanced-100% to 4%)
 _____ SH Match Deposits Made (pay period; monthly; quarterly; annually)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

| | | | | | | |
|---|---|---|---|--------------|-----------|-------|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested | | | | | |
| | 2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name | | | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) | 5a Street address (if different) (Do not enter a P.O. box.) | | | | |
| | 4b City, state, and ZIP code (if foreign, see instructions) | 5b City, state, and ZIP code (if foreign, see instructions) | | | | |
| | 6 County and state where principal business is located | | | | | |
| | 7a Name of responsible party | 7b SSN, ITIN, or EIN | | | | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members | | | |
| 8c If 8a is "Yes," was the LLC organized in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. | <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |
| | <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____ | | | | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country | | | | |
| 10 Reason for applying (check only one box) | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |
| 11 Date business started or acquired (month, day, year). See instructions. | 12 Closing month of accounting year | | | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">Agricultural</td> <td style="width:33%; border-right: 1px solid black;">Household</td> <td style="width:33%;">Other</td> </tr> </table> | | | | Agricultural | Household | Other |
| Agricultural | Household | Other | | | | |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) | ▶ | | | | | |
| 16 Check one box that best describes the principal activity of your business. | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) | | | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. | | | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____ | | | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | | | |
| | Designee's name | Designee's telephone number (include area code) () | | | | |
| | Address and ZIP code | Designee's fax number (include area code) () | | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | Applicant's telephone number (include area code) () | | | |
| Name and title (type or print clearly) ▶ | | | Applicant's fax number (include area code) () | | | |
| Signature ▶ | | | Date ▶ | | | |