



CUSTOM PENSION PLAN DESIGN EMPLOYER DATA

BUSINESS INFORMATION		Referred By:	Phone Number:
Employer Legal Name:		dba	
Primary Contact:			
Address:		Phone:	
City:	State:	Zip:	Email Address:
Employer I.D. Number:		Employer Trust I.D. Number:	
Principal Business Activity:		Date Business Commenced:	
Type of Organization:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
CPA Name:	CPA Phone:		
Legal Counsel Name:	Legal Counsel Phone:		
Investment Advisor Name:	Investment Advisor Phone:		
PLAN INFORMATION			
Plan Name: <i>List Plan Name as you wish it to appear on all Participant reports.</i>			Plan # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Plan Original Effective Date:		Take-Over Date:	
Plan Year Begins: <input type="checkbox"/> Jan 1 -Or- <input type="checkbox"/> Month Day	Plan Year Ends: <input type="checkbox"/> Dec 31 -Or- <input type="checkbox"/> Month Day		
Plan Trustee(s):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
AFFILIATED COMPANIES			
<input type="checkbox"/> Does the Employer have Ownership Interest in other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are other Employers adopting this Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Possibly exclude affiliated companies in the Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If separate companies have employees in common – detail below*:		If individuals or groups own multiple companies – detail below*:	
*Warning: Owners & the DOL may have different opinions re. who is covered.			
Affiliated Companies		Important: <i>If more than 2 Affiliated Companies are involved - Please provide the information requested below on each Company on a separate sheet attached to this form.</i>	
1 Legal Name:		<input type="checkbox"/> dba	Phone:
Address:		City:	ST ZIP
Organization type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Other:		EIN:	
Person signing for Affiliated Company:		Title:	
2 Legal Name:		<input type="checkbox"/> dba	Phone:
Address:		City:	ST ZIP
Organization type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Other:		EIN:	
Person signing for Affiliated Company:		Title:	



DESIGN DETAILS PENSION PLAN

Employer Name:			
ELIGIBILITY:	<input type="checkbox"/> Minimum Age 21	<input type="checkbox"/> One Year Service Requirement	<input type="checkbox"/> Exclude Part Time (less than 1,000 Hrs/Yr)
	<input type="checkbox"/> Two Year Service Requirement with 100% Vesting Schedule		<input type="checkbox"/> Other:
ENTRY DATE:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi Ann	<input type="checkbox"/> Other:
	<input type="checkbox"/> 24 Months (Requires 100% Vesting)		
VESTING:	Count Years of Service from :		<input type="checkbox"/> Hire Date
	<input type="checkbox"/> Plan Start Date		
Credit Service with Predecessor Employer?		<input type="checkbox"/> Yes- Former ER Name:	<input type="checkbox"/> No
Vesting Schedule: What percent of Employer contribution will go to a terminated Employee based on Years of Service? (Select one)			
<input type="checkbox"/> Sample 1	<input type="checkbox"/> Sample 2	<input type="checkbox"/> Sample 3	<input type="checkbox"/> Other
Year 1 0%	Year 1 20%	Year 1 0%	Year 1 _____%
Year 2 20%	Year 2 40%	Year 2 0%	Year 2 _____%
Year 3 40%	Year 3 60%	Year 3 100%	Year 3 _____%
Year 4 60%	Year 4 80%		Year 4 _____%
Year 5 80%	Year 5 100%		Year 5 _____%
Year 6 100%			Year 6 _____%
FORFEITURES: <i>(Non-vested portion left by terminated participants.)</i>		<input type="checkbox"/> Credit to all Eligible Employees	<input type="checkbox"/> Use to reduce future Employer Contributions
LOANS: Participant Loans Allowed? <i>Popular but increases your work load.</i>		HARDSHIP DISTRIBUTIONS:	
<input type="checkbox"/> Yes (Each participant is limited to one loan at a time) <input type="checkbox"/> No Loans		Hardship Distributions Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
401(k) MATCH:	<input type="checkbox"/> 50¢ per \$1 to 6% of Pay	<input type="checkbox"/> 25¢ per \$1 to 4% of Pay	<input type="checkbox"/> Discretionary <input type="checkbox"/> Other:
SAFE HARBOR: <i>Requires 100% Vesting Allows owners to contribute the maximum</i>	<input type="checkbox"/> \$1 to \$1 to 3% plus 50¢ per \$1 next 2%		<input type="checkbox"/> 3% Company Contribution
	<input type="checkbox"/> Enhanced Match: \$1 to \$1 of: <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% of Plan Compensation		
INVESTMENT DECISIONS:	<input type="checkbox"/> Employees make investment decisions		<input type="checkbox"/> Employer makes investment decisions
FREQUENCY OF REPORTS:	<input type="checkbox"/> Quarterly <small>Required for EE Directed Investments</small>	<input type="checkbox"/> Annual <small>Only if Trustee makes all Investment decisions</small>	<input type="checkbox"/> Other:
PAYROLL FREQUENCY:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
MATCH FUNDED:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> N/A
COMPANY CONTRIBUTION GOAL:			
NOTES:			



DESIGN DETAILS – CONT'D

PENSION PLAN

DESIGN DETAILS – ADDITIONAL QUESTIONS THAT MAY REQUIRE DISCUSSION

TYPES OF CONTRIBUTIONS PROVIDED UNDER THE PLAN:

<input type="checkbox"/> Salary Deferrals	<input type="checkbox"/> Qualified Non-Elective (QNEC's)	<input type="checkbox"/> Safe Harbor Match
<input type="checkbox"/> Matching Contributions	<input type="checkbox"/> Employer Contributions	<input type="checkbox"/> Qualified Match (QMAC's)
<input type="checkbox"/> Safe Harbor Employer	<input type="checkbox"/> After-Tax Contributions	<input type="checkbox"/> Roth

COMPANY CONTRIBUTION FORMULA:

Last Day Service Requirement for Profit Sharing? Yes No

Non-Integrated Contribution (equal percentage of pay)

Integrated Contribution (benefits highly paid)

Modification of Integration Level

Instead of the Taxable Wage Base, the Integration Level is:

_____ % (may not exceed 100% of the Taxable Wage Base)

New Comparability Allocation (different percentage of pay to each group)

Each Participant is in his/her own allocation group

A separate discretionary contribution will be made to the following allocation groups:

<input type="checkbox"/> Group 1:	<input type="checkbox"/> Group 4:
<input type="checkbox"/> Group 2:	<input type="checkbox"/> Group 5:
<input type="checkbox"/> Group 3:	<input type="checkbox"/> Group 6:

Special Rules:

Family Members are in separate allocation group

Participants who do not receive Minimum Gateway Contribution are in separate allocation group

EMPLOYEE CONTRIBUTION CHANGES

<input type="checkbox"/> The first day of each calendar quarter	<input type="checkbox"/> The first day of each calendar month	<input type="checkbox"/> The first day of each Plan Year
<input type="checkbox"/> The beginning of each payroll period	<input type="checkbox"/> Other	

SALARY OR ROTH DEFERRALS

Deferrals will become effective on this date: - -