



New Retirement Plan Information 401(k)

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- Plan design consultation
- Preparation of plan documents
- Compliance testing
- Completion of annual Form 5500 and all related schedules
- Summary Annual Report
- Administrative support for plan sponsors and fiduciaries
- Assistance in ongoing compliance with pension law
- Website Q&A, forms, presentations, etc

New Retirement Plan Information



1 Plan Sponsor

FSA Client COBRA Client

Employer Name _____ Employer Identification Number (EIN) _____

Employer Physical Address _____ City _____ State _____ Zip Code _____

Contact Person(s) _____

Phone Number _____ Email Address _____

Yes (if yes, please provide a copy) No
Do you maintain any other Retirement Plans?

Legal Plan Name _____ Business/NACIS Code _____

Trustee Name _____ Trustee email address _____ Business Date of Organization _____ IRS Plan Number _____

Trustee Name _____ Trustee email address _____

Trustee Name _____ Trustee email address _____

Corporate Trustee Name (if applicable) _____

Corporate Trustee Address _____ Yes No
Corporate Directed Trustee (nondiscretionary)

Fiscal Year End _____ Plan Year End _____ Yes No
Corporate Discretionary Trustee

Original Effective Date _____ Proposed NBS Administration Start Date _____

Yes No
Safe Harbor Plan _____ First effective date of Safe Harbor _____ NOTE: only Roth and Hardships may be added during a safe harbor plan year.

C-Corp S-Corp Partnership Sole Proprietor LLC (Corporation) LLC (S-Corp) LLC (Partnership) Other:
 Church or Government Plan (ERISA exempt: Yes No) Tax Exempt, please specify: Corporation Association Trust

Employer Entity Type _____

Yes No
Is this a Merger/Acquisition _____

Adopting Employers Yes No If Yes, is there a Controlled Group? Yes No

You are REQUIRED to provide all information below including the percent common ownership between sponsor and Adopting Employer

Name of Adopting Employer	Initial effective date	EIN Number	Address	% Common Ownership

Plan Information (continued)



Payroll Information:

Weekly Every Two Weeks Semi-Monthly Monthly

Payroll Contact

Payroll Provider (if applicable)

Payroll Cycle

1st expected payroll date

2nd expected payroll date

3rd expected payroll date

Contribution Remittance Process: Plan Sponsor NBS (*Additional fee applies*)

2 Service Providers

Name Of Investment Advisor

Advisor Firm

Advisor Phone

Fax Number

Email Address

CPA Name (*if applicable*)

Phone Number

Email Address

3 Takeover Information (*All sections listed below are REQUIRED for a takeover plan*)

Current Recordkeeper/Vendor

Current Recordkeeper Contract Number

Current TPA (*if unbundled*)

Current TPA Contact phone number and email address

Please indicate the first year NBS will be completing annual administration (*current and/or prior year*) Indicate Year(s): _____

Does the Plan have any outstanding loans? Yes No

4 New Recordkeeping Provider Information

Recordkeeper

Employee Directed

Employer Directed

Type of Transfer:

New Enrollment

QDIA Enrollment

Mapping

First Year Assets

Anticipated Plan Participants

Please complete the Plan Design Checklist which follows

Plan Design Checklist



1 Eligibility

Excluded Employees: Not Applicable Leased Employees Union employees Nonresident Aliens with no U.S. Source income
 Other:

Eligibility Conditions:

Contribution Type	Age Requirement	Service Requirement	Entry Date	Waive Service Requirement	Date of Waive Service (see **Note below)
All Contribution Types (Same)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elective Deferrals/Safe Harbor				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Matching Contributions				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Profit Sharing Contributions				<input type="checkbox"/> Yes <input type="checkbox"/> No	

** NOTE: Waiver of Service, if the Plan has a less than 1 year wait and 1,000 hour requirement, the waiver will allow Part-time employees to enter the Plan (cannot have the waiver only apply to Full-time Employees.)

Credit Service with any other Employers? No Yes If yes, credit service for: eligibility vesting contribution allocation

Name of any Employers whom which you will credit Service

2 Vesting

The percent of Company contributions that will go to a terminated employee based on years of service

Was there a prior vesting schedule? If yes, please outline in the comments section: Yes No

Current / New Vesting Schedule Matching Contributions: No Match Vesting N/A

<input type="checkbox"/> Sample 1	<input type="checkbox"/> Sample 2	<input type="checkbox"/> Sample 3	<input type="checkbox"/> Sample 4	<input type="checkbox"/> Sample 5	<input type="checkbox"/> Other
Year 1 0%	Year 1 20%	Year 1 25%	Year 1 0%	100%	Year 1 _____%
Year 2 20%	Year 2 40%	Year 2 50%	Year 2 0%	Immediate	Year 2 _____%
Year 3 40%	Year 3 60%	Year 3 75%	Year 3 100%		Year 3 _____%
Year 4 60%	Year 4 80%	Year 4 100%			Year 4 _____%
Year 5 80%	Year 5 100%				Year 5 _____%
Year 6 100%					Year 6 _____%

Current / New Vesting Schedule Nonelective Contributions: No Nonelective Vesting N/A

<input type="checkbox"/> Sample 1	<input type="checkbox"/> Sample 2	<input type="checkbox"/> Sample 3	<input type="checkbox"/> Sample 4	<input type="checkbox"/> Sample 5	<input type="checkbox"/> Other
Year 1 0%	Year 1 20%	Year 1 25%	Year 1 0%	100%	Year 1 _____%
Year 2 20%	Year 2 40%	Year 2 50%	Year 2 0%	Immediate	Year 2 _____%
Year 3 40%	Year 3 60%	Year 3 75%	Year 3 100%		Year 3 _____%
Year 4 60%	Year 4 80%	Year 4 100%			Year 4 _____%
Year 5 80%	Year 5 100%				Year 5 _____%
Year 6 100%					Year 6 _____%

No Exclusions to vesting

Exclude Vesting prior to: Age 18 Effective date of plan

3 Forfeitures

Money left by terminated participants

Pay Plan Expenses (default) Used to reduce employer contributions Credit to all eligible employees

4 Distributions

Will hardship distributions be allowed? Yes No

Will loans be allowed? Yes No

If Yes, number of loans allowed at one time? 1 2 Other: ()

In-service Distributions allowed at age 59 ½ from all sources that are 100% vested? Yes No

In-Plan Roth Conversion: Yes No If yes, date first allowed: _____ (No earlier than September 28, 2010)

In-Plan Roth Transfers: Yes No If yes, date first allowed: _____ (No earlier than January 1, 2013)

Plan Design Checklist (continued)



Normal Retirement Age: 65 or if later, the 5th anniversary (default) If not the default, please list Normal Retirement Age _____

- First day of the month coinciding with or next following Date of Participant's Normal Retirement Age
 Anniversary date coinciding with or next following

Mandatory Distributions: \$1,000 \$5,000 (requires an automatic rollover to an IRA)

5 Employer Contributions

Discretionary match with vesting: Yes No

If yes, matching requirements: Not Applicable
 Last day of service 1,000 hours (Please note: requirements Do Not apply to Safe Harbor)

Discretionary profit sharing with vesting: Yes No

If yes, Profit sharing allocation: New comparability Integrate Divide equally (if applicable, list current allocation formula in the notes section)

If yes, Profit sharing requirements: Not Applicable Last day of service 1,000 hours

Other sources offered in the Plan: Money Purchase Davis Bacon After-Tax Voluntary Contributions Other
(check all that apply)

If Prevailing Wage contribution (Davis Bacon) Is this considered a QNEC? Yes No Are HCEs excluded? Yes No
Are Profit Sharing contributions offset by the Prevailing Wage contribution? Yes No

6 Safe Harbor Options

REMINDER: Plan cannot have a last day or hour requirement on any additional matching contribution or it will lose the safe harbor status on the ACP portion and will still have to pass the ACP test.

Safe Harbor Match - immediate vesting: \$1 per \$1 to 3% + \$0.50 per \$1 next 2% \$1 per \$1 to _____ %

Safe Harbor Profit Sharing: 3% Nonelective

Qualified Automatic Contribution Arrangement (QACA) Safe Harbor: Yes No (if yes, refer to Section 8 and Appendix)

Safe Harbor contribution funded: Each payroll Quarterly Annually (true-up allowed)

7 Employee Contributions

Max Salary Deferral: 100% Other if less than 100% does the limit apply to Catch-up contributions Yes No

Employee contribution changes: Quarterly Semiannually Monthly Per Pay Period

Roth contributions allowed: Yes No If yes, date first allowed: _____ (No earlier than January 1, 2006)

8 Automatic Enrollment

Automatic Enrollment: Yes No

If Yes the following information is required: Effective date: _____ Default percentage: _____% Roth or Pre-tax

Automatic Escalation: Yes No

The initial escalation shall increase _____% up to _____%

If Automatic Escalation occurs other than the first day of the Plan year, please indicate timing:

Apply automatic enrollment to the following: Participants with no existing election on file (default) All participants
 Participants with % below auto enrollment % Newly eligible participants only

Does the Plan have an EACA Yes No (Please answer additional questions found in Appendix A)

Does the Plan have QACA (Safe Harbor Plan) Yes No (Please answer additional questions found in Appendix B)

Plan Design Checklist (continued)



9 Compensation

- W-2 Wages subject to income tax as defined in Reg. 1.415(c)-2(c)(4)
- IRC §3401(a) wages as defined in Reg. 1.415(c)-2(c)(3)
- Simplified 415 Safe Harbor Compensation as defined in Reg. 1.415(c)-2(c)(2)

- Exclude Compensation: No exclusions Prior to participation Bonus Overtime Commissions
- Reimbursement, Allowances, Fringe Benefits, Moving Expenses, Deferred Compensation, and Welfare Benefits
- Other:

10 Qualified Default Investment Alternative (QDIA)

Is there a Qualified Default Investment Alternative: Yes No QDIA (if known):

11 Fee Schedule Details

Plan Document Fee	\$ _____	Annual Document Maintenance Fee	\$ 350
		Annual Administration Fee	\$ _____
Takeover Fee (as applicable)	\$ _____	Annual Participant Fee	\$ _____

1 Changes to existing Plan Document/Summary Plan Description (SPD)

12 Additional Notes (Special provisions such as grandfather provisions, etc. or Operational Requirements to be passed on)

401(k) Retirement Plan

Appendix A - EACA



Automatic Contribution Arrangement:

An Eligible Automatic Contribution (EACA) but not a Qualified Automatic Contribution Arrangement (QACA)

Effective Date of EACA

EACA effective date:

EACA Elections. Permissible withdrawals. Does the Plan permit Participant withdrawals within 90-days (or less) of first automatic deferral? (select one)

- No
- Yes, within 90-days of first automatic deferral?
- Yes, within _____ days (may not be less than 30 nor more than 90 days)

Affirmative election. Will all Participants who are eligible to make an affirmative deferral election continue to be subject to the annual EACA notice requirement? (select one)

- Yes (if selected, then the annual notice must be provided to Participants)
- No (if selected, then the Plan cannot use the 6-month period for relief from excise tax of Code §4979(f)(1))

401(k) Retirement Plan

Appendix B - QACA



Effective Date of QACA

QACA effective date:

Automatic Contribution Arrangement:

- A Qualified Automatic Contribution QACA **without** an EACA
- A Qualified Automatic Contribution QACA combined **with** EACA

EACA provisions. Is this QACA also intended to satisfy the EACA rules? (select one)

- No
- Yes, within 90-days of first automatic deferral? (select one)
 - No
 - Yes, within 90 days of first automatic deferral
 - Yes, within _____ days (not more than 90) of first automatic deferral

QACA Requirements for Automatic Deferral Amount: (must meet one of the following)

- Must not be more than 10% and may not be less than 3% if escalation provisions apply or below 6% if no escalation provisions are selected.
- QACA statutory minimum schedule: 1-2 years-3%; 3 years-4%; 4 years-5%; 5 or more-6%
 - Modified QACA statutory schedule will apply:
 - 1 – 2 _____% (not less than 3)
 - 3 _____% (not less than 4)
 - 4 _____% (not less than 5)
 - 5 _____% (not less than 6 and not more than 10)

QACA Safe Harbor Contributions:

- QACA Basic Matching Contribution:** \$1 per \$1 to 1% plus \$0.50 per \$1 next 5%
- QACA Enhanced Matching Contribution equal to: 100%** of elective deferrals that do not exceed 6% (answer below)
 - _____% (must be at least 1% and may not exceed 6%) of compensation plus
 - N/A (no additional contributions)

Determination Period for Contributions: (select one)

- each payroll period
- all payroll periods ending with or within each month
- all payroll periods ending with or within a Plan Year quarter
- annually
- QACA Nonelective Contribution** (may be selected only with Nonelective Prevailing Wages)
 - equal to _____% (more than 3%) of compensation
 - allocated to _____ (name of other plan)

Vesting – QACA Contributions. Vesting of QACA contributions shall be: (select one)

- All QACA contributions are fully vested (100% Immediate)
- 2-year cliff (0-1 year 0%; 2 years-100%)
- Other – Must be at least as liberal as 2-year cliff
 - 2-year graded (50% per year)
 - _____% vested after 1 year, and 100% vested after 2 years

Appendix B QACA