



# New Retirement Plan Information (Single K)

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[www.NBSbenefits.com](http://www.NBSbenefits.com)**

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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 (Single K)



## 1 Plan Sponsor

Employer Name \_\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Employer Physical Address, \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Yes (if yes, please provide a copy)  No

Legal Plan Name \_\_\_\_\_

Do you maintain any other Retirement Plans?

Trustee(s) including email addresses \_\_\_\_\_

IRS Plan Number \_\_\_\_\_

Fiscal Year End \_\_\_\_\_

Plan Year End \_\_\_\_\_

Original Effective Date \_\_\_\_\_

C-Corp  S-Corp  Partnership  Sole Proprietor  LLC (Corporation)  LLC (S-Corp)  LLC (Partnership)  Other:

Employer Entity Type \_\_\_\_\_

## 2 Service Providers

Name Of Investment Advisor \_\_\_\_\_

Advisor Firm \_\_\_\_\_

Advisor Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

CPA Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Attorney Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Payroll Provider \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

# Plan Design Checklist



## 1 Eligibility

Excluded Employees:  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				<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

Is the vesting schedule listed below a new vesting schedule:  Yes  No

If yes, what was the prior vesting schedule: Are there any existing matching and/or Profit Sharing forfeitures?  Yes  No

### Current / New Vesting Schedule:

<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

Exclude Vesting prior to:  Age 18  Effective date of plan

## 3 Forfeitures

Money left by terminated participants

Used to reduce employer contributions  Pay plan expenses  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

Normal Retirement Age:  65  Other

- First day of the month coinciding with or next following
- Anniversary date coinciding with or next following

# Plan Design Checklist (continued)



## 5 Employer Contributions

Discretionary match with vesting:  Yes  No

If yes, matching requirements:  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 tiers in the notes section)  
 Other

If yes, Profit sharing requirements:  Last day of service  1,000 hours

Integrated (if applicable): What is the integrated allocation?

Other sources offered in the Plan:  
(check all that apply)

Money Purchase  Davis Bacon  Other

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

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

## 7 Employee Contributions

Max Salary Deferral:  100%  Other

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 Miscellaneous

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

Any limitations:

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

Any limitations:

**Automatic enrollment:**  Yes  No

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

Automatic Escalation:  Yes  No

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)

Exclude Compensation:  No exclusions  Prior to participation  Bonus  Overtime  Commissions  Other:

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

Top Paid Group Election:  Yes  No

# Plan Design Checklist (continued)



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## 9 Qualified Default Investment Alternative (QDIA)

Is there a Qualified Default Investment Alternative:  Yes  No QDIA Name:

Will there be a QDIA Enrollment:  Yes  No

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## 10 Adopting Employers, if applicable *(Must Provide Name, Address, EIN number and adoption date)* Must be part of the same controlled group

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## 11 Fee Schedule Details

Plan Document Fee	\$ _____	Annual Administration Fee	\$ _____
Takeover Fee	\$ _____	Annual Participant Fee	\$ _____
NBS Fee Schedule:	_____	Fees Paid From Plan Assets	\$ _____ or _____ bps

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## 12 Changes to existing Plan Document/Summary Plan Description (SPD)

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

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