



ERISA 403 (b) Compliance & Administration Plan Data Form

For more information on our services, proposals and fee quotes, please contact us or visit our website.
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

ERISA 403 (b) Compliance & Administration Plan Data Form



1 Plan Sponsor

Employer Legal Name

Employer Physical Address

City

State

Zip Code

Contact Person(s)

Phone Number

Email Address

Company EIN

Payroll Contact

Payroll Contact's email address

Weekly Every Two Weeks Semi-Monthly Monthly Other

Payroll Cycle

Next 2 Pay Dates

University / College 501(c)(3) Organization Church (or Church Related)

Other _____

Employer Type

NAICS Business Code - Principal Business Activity

Legal Plan Name

IRS Plan #

Trustee(s)/Authorized Signer(s)

Original Plan Effective Date

Restatement Effective Date

Fiscal Year End

Plan Year End

Proposed NBS Administration Start Date

2 Advisor, CPA, Attorney

Name Of Investment Advisor

Broker Dealer

Advisor Phone

Fax Number

Email Address

CPA Name

Phone Number

Email Address

Attorney Name

Phone Number

Email Address

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

Current Investment Provider(s)

Current Investment Provider(s) Contact Information

Prior TPA

Prior TPA Contact Information

Has the plan been restated to an IRS approved 403(b) document? Yes No

Please provide NBS with a signed copy of your current 403(b) Plan and accompanying IRS 403(b) Opinion Letter

Takeover Items Needed:

Adoption Agreement SPD Prior Year Form 5500

Will NBS be completing any of the prior year work? Yes No explain:

Does the Plan have any outstanding loans? Yes No

4 New Investment Provider Information

Name of New Investment Provider

Enrollment Meeting Date

Number of Enrollment Kits Needed

Design Checklist



5 Contribution Type(s) Allowed

- Pre-tax Employee Deferral Roth Employee Deferral Roth Start Date: _____
 Employer Match: Discretionary Fixed Other, specify: _____
 Employer Nonelective: Discretionary Fixed Fixed – Permitted Disparity (if selected additional questions required)
 Other, specify: _____
 Time period for Employer Matching Contribution: Plan year Quarterly Per Pay Period Other, specify: _____
 Time period for Employer Non-elective Contribution: Plan year Quarterly Per Pay Period Other, specify: _____

6 Eligibility – Employer Contributions & Allocations

- Employer Match: Same as Employee Deferral (eligible upon date of hire) Yes No
 Service Requirement: 12 Months & 1,000 hours 6 Months 3 Months 1 Month None
 Minimum Age: 21 Other: _____ Entry Dates: Daily Monthly Quarterly Semi-annually
 Allocation Requirements (do not apply to Safe Harbor): Last day of service 1,000 hours n/a

- Employer Nonelective: Same as Employer Match: Yes No
 Service Requirement: 12 Months & 1,000 hours 6 Months 3 Months 1 Month None
 Minimum Age: 21 Other: _____ Entry Dates: Daily Monthly Quarterly Semi-annually
 Allocation Requirements (do not apply to Safe Harbor): Last day of service 1,000 hours n/a
 Allocation Method: Pro rata Incorporation of Contribution Formula Permitted Disparity New Comparability

7 Excluded Employees <input type="checkbox"/> Yes (please indicate all excluded Employees below) <input type="checkbox"/> No	Employee Contributions	Employer Contributions
1. Non-Resident Aliens	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees who normally work less than 20 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
3. Student Employees	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Employer Plan. (Employees who are eligible to participate in another Plan of the Employer which is governmental 457(b) Plan, 401(k) Plan or another 403(b) Plan)	<input type="checkbox"/>	<input type="checkbox"/>
5. Collective Bargaining (Union) Employees	NA	<input type="checkbox"/>
6. Highly Compensated Employees (HCE's)	NA	<input type="checkbox"/>
7. Reclassified Employees	NA	<input type="checkbox"/>
8. Other, describe exclusions: _____	NA	<input type="checkbox"/>

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

<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 _____%

Exclude Service prior to: Age 18 Effective date of plan No Exclusions

9 Forfeitures (Money left by terminated participants)

- Not Applicable Used to reduce employer contributions Pay plan expenses Additional Employer Contribution

Design Checklist (continued)



10 Miscellaneous Provisions

<input type="checkbox"/> Yes <input type="checkbox"/> No Loans Permitted <i>(Note: The loan provision is popular, but may increase your administrative duties)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Hardships Permitted	<input type="checkbox"/> Yes <input type="checkbox"/> No In-Plan Roth Rollover Permitted	Effective Date: <i>(No earlier than 1/1/2011)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Rollovers Permitted	<input type="checkbox"/> Yes <input type="checkbox"/> No In-Service Distributions	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 Mandatory Distributions	
<input type="checkbox"/> Yes <input type="checkbox"/> No Top-Paid Group Elections	<input type="checkbox"/> Yes <input type="checkbox"/> No Age 50 Catch-up Contributions Permitted		
<input type="checkbox"/> 65 Other: Normal Retirement Age	<input type="checkbox"/> Yes <input type="checkbox"/> No Qualified Organizational catch-up contributions permitted (15years of service)		

11 Qualified Default Investment Alternative (QDIA)

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

Will there be a QDIA Enrollment: Yes No

12 Other Options

Safe Harbor: N/A \$1 per \$1 to 3% + \$0.50 per \$1 next 2% (Basic Match) \$1 per \$1 to 4% (Enhanced match) 3% Nonelective

Safe Harbor funded: Each payroll Quarterly Annually

Automatic enrollment: Yes No Default percentage: _____% Automatic Escalation: Yes No up to _____%

If yes, apply automatic enrollment to the following: Pre-tax Roth Participants with no existing election on file (default) All participants
 Participants with % below auto enrollment % Newly eligible participants only

Compensation exclusions: No exclusions Prior to participation Bonus Other _____

13 Fee Schedule Details

Plan Document Fee	\$ _____	Document Maintenance Fee	\$ _____
Participant Fee:	\$ _____ / Participant / Year	Annual Administration Fee	\$ _____
NBS Fee Schedule:	_____	Take-over Fee	\$ _____
		Fees Paid From Plan Assets	\$ _____ or _____ bps

Notes on Fees: _____

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

15 Additional Notes *(Special provisions such as adopting employers, grandfather provisions, etc.)*
