



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.



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 Partnership S Corporation
 Sole Proprietorship P. C.
 LLC taxed as: Corporation or Partnership

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

6. Do you 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*	Title	% Of Stock Owned	Family Member?

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

Accountant Name: _____ **Copies of Correspondence?**
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Yes No
 Phone: _____ Fax: _____
 E-Mail: _____

Financial Advisor Name: _____ **Copies of Correspondence?**
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Yes No
 Phone: _____ Fax: _____
 E-Mail: _____

Attorney Name: _____ **Copies of Correspondence?**
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Yes No
 Phone: _____ Fax: _____
 E-Mail: _____



Plan Name: _____

Trustees: _____

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; _____ (N/A; pro-rata; integrated; age-based; cross tested)

Match Deposit Frequency: _____ (each pay period; monthly; quarterly; annually)

4k Deferral Change Date: _____ (pay period; monthly; quarterly; semi-annually; annually)

Vesting (choose schedule): _____ 100% immediate
 _____ 3 year cliff
 _____ 6 year graded: 20% after 2 years; 40% after 3 years;
 60% after 4 years; 80% after 5 years;
 100% after 6 years.
 _____ 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)

Hardship Withdrawal _____ (Yes/No)

Rollovers: _____ (Yes/No)

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

Investment Direction: _____ (Participant/ Trustee)

Safe Harbor Options: _____ (Yes / No / N/A)
 _____ Choice of Safe Harbor (Match / 3% Non-Elective)
 _____ Safe Harbor Deposit Frequency
 (each 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.)

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

EIN

1	Legal name of entity (or individual) for whom the EIN is being requested	
Type or print clearly.	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)
	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 principal officer, general partner, grantor, owner, or trustor	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"/> Estate (SSN of decedent) _____
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____
	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____
	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
	<input type="checkbox"/> Other (specify) ▶ _____	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"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____
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).	
	Agricultural	Household
		Other
14	Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
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"/> Construction	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker
	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
	<input type="checkbox"/> Transportation & warehousing	<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 ▶

Thank you for selecting Pension Strategies, LLC to provide qualified plan administration services. This letter outlines some of the pertinent information with regard to the administration of your plan. Please call us with any questions or comments you might have regarding any matters discussed or any information in this letter.

Please review this letter to be sure that we all have a clear understanding of the services that Pension Strategies, LLC will perform on your behalf. If you agree with the terms of this letter, please sign the letter and return it to our office. If you have any questions, please feel free to call and discuss those questions with us.

Annual Administration Services: In order for us to do the best job for you, we ask that you provide the completed Data Request packet as soon as the information is available. As a reminder, the IRS and DOL deadline for filing your return is seven months after the plan year-end. If necessary, Pension Strategies, LLC can extend the filing deadline an additional one and one half months by filing Form 5558 for an additional cost listed on the Fee Schedule. If we are not able to obtain complete data within 30 business days of the extended filing deadline, an additional 25% will be added to your fee for priority processing.

The Fee Schedule lists our Standard Fees; it may be modified in the future. To qualify for our Standard Fees, we ask that the Data Request packet be fully completed by you or your advisors and returned to us on a timely basis. Subsequent changes to the data provided to us that result in additional work are billed at our Normal Hourly Rates for the time necessary to revise the work. In addition, services that you request that are not listed on the Fee Schedule are billed at our Normal Hourly Rates. Normal Hourly Rates vary from \$50 to \$150 per hour depending on the individual performing the services.

The Annual Administration Services for the plan includes the following, where applicable:

Annual Plan Valuation:

- Determining eligibility for your plan based on your employee census (Please provide data electronically for 10 employees or more);
- Providing vesting schedule calculations for participants;
- Participant discrimination testing of all types (ADP; ACP; 402(g); 404; 415, 416, etc.)
- Plan contribution calculations:
 - One estimated calculation based on estimated data is included; and
 - One final calculation based on final employee data is included.
 - Additional calculations will be billed at Normal Hourly Rates.

Annual Return:

- Preparation of the Internal Revenue Service and Department of Labor Form 5500;
- Attachments to the Form 5500 as required (including Schedule A, Schedule I, etc.)
- Schedule B or SB and the actuarial valuation for defined benefit plans;
- PBGC Forms (if required) for defined benefit plans; the PBGC premium is paid by the client
- Pension Protection Act compliance requirements including AFTAP, participant notices, etc.

Participant Information:

- Participation allocations and statements, if applicable, for defined contribution plans;
- Participant benefit statements, if applicable, for defined benefit plans as requested by client.
- Summary Annual Report, if required.

This Service Agreement authorizes us to prepare the above services for the plan, plus any services listed on our Fee Schedule that are necessary to properly administer the plan in accordance with current laws and regulations. This Service Agreement also authorizes us to provide services listed on the Fee Schedule that you or your representatives request. Please note that we do not engage in the sale of securities, insurance or other investments which might comprise the retirement plan assets.

PBGC Covered Plans: Please note that the PBGC now requires electronic filing. This Service Agreement authorizes Pension Strategies to communicate with the PBGC as it relates to the annual premium payment and upload data as necessary for the electronic filing. Should the PBGC have additional questions as a result of this filing, Pension Strategies is also authorized to provide them with supplemental data. Government authorities, including the Internal Revenue Service and Department of Labor, could review the plan. In the event of such an examination, we would be available to assist in representing you at an additional fee for the time required. The hourly rates will be those in effect at the time that you so engage our services and will, of course, be discussed prior to commencing such services.

Please be aware that information provided by you, your advisors or prior service providers is not audited in any way by Pension Strategies, LLC. Our administration and calculations are based on information that is provided to us and we are not responsible for any incorrect information provided by you or any of your advisors.

Please note that the fees for services are due and payable upon receipt of our invoice. After 30 days, if payment has not been received, you will be assessed a late fee of 1-1/2% per month. Either party may terminate this engagement upon written notice.

We will work closely and professionally with you in the coming years to assure that your plan is maintained at our highest standards. We look forward to serving you.

Service Agreement accepted by:

Name: _____ Trustee of the Plan Date: _____

Name of Plan: _____ Plan Year End: _____

Plan Sponsor Company: _____

Sponsor Representative: _____ Title: _____ Date: _____