



We are pleased you have chosen Pension Strategies for your future plan administration. To take over the plan administration we will need up-to-date information. We want to make this step easy for you; enclosed you will find a basic list of essential documents and their descriptions which will need to be provided for administration work to begin.

**1. Take Over Checklist: Please Provide**

We want to make sure your transition to us as your new plan administrator goes smoothly. Please provide the documents listed.

**2. Service Agreement: Please Sign and Date**

A signed service agreement lets us know the client agrees to the services, terms, and conditions of our administrative services. Please contact our office for a fee quote.

**3. Client Information Checklist: Please Complete**

In order to set up a plan general employer information is needed. This information also gives us a basis to refer back to while doing administration so it is important to fill out the form completely. If unsure, please ask your advisor for necessary information.



The following list of information will assist us in completing the administration of your retirement plan:

- 1.) Form 5500 for the prior year. If possible it would also be helpful to have additional prior years.
- 2.) Annual Valuation and Employee census files for the prior year. It would also be helpful to have additional prior years. This information is usually included in the reports prepared by your prior administration firm.
- 3.) Plan document book (including plan amendments, determination letter and SPD).
- 4.) Participant loan paperwork including Promissory Notes and Amortization for all outstanding participant loans.
- 5.) Current year information to prepare the year end administration (if available). This includes employee census and plan asset information. You may use any format you desire. For your convenience we will also provide you with a Data Request packet at the close of your plan year.
- 6.) Please inform your prior administrator that you will no longer be in need of their services. If you would like us to provide a letter for this purpose, please let us know.

Please send these records to:

Pension Strategies, LLC  
2141 E. Highland Avenue, Suite 180,  
Phoenix, AZ 85016.

**We will be happy to send a runner to your office to pick them up. We will also be happy to copy your records and then return your originals. To make these arrangements, please call (602) 957-7101x 0.**

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 two 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 and notices (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: \_\_\_\_\_



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: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Copies of Correspondence?**

Yes                       No

Financial Advisor Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Copies of Correspondence?**

Yes                       No

Attorney Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Copies of Correspondence?**

Yes                       No