



PLAN DESIGN / INSTALLATION WORKSHEET

Date _____

Name of Company _____

Business or Industry _____

Type of Entity _____ Corp _____ Corp _____ Partnership _____ Sole Prop _____ Other

Owners (Name and % Ownership) _____

Address _____

Phone _____ Fax _____ EIN _____

CPA (Name, Address & Phone) _____

Attorney (Name, Address & Phone) _____

Date Bus. Started _____ Tax Year _____ Effective Date of Plan _____

Plan Name _____

Plan Trustee(s) _____

Additional Qualified Plans - Yes / No If Yes, Name & Plan # _____

Controlled Group or Affiliated Service Group Info _____

Eligibility: 1st Year All Employees - Y or N Waiting Period _____ Age _____ Entry Dates _____

401(k) Eligibility if Different _____

Excluded Employees _____

Vesting _____

Compensation: Exclusions _____ Comp from date of part - Y or N

Contribution Formula _____

401(k) Match if Applicable _____

Last Day Requirement - Y or N 1000 Hours Req. _____ 500 Hours Req. _____

NRA _____

Plan Loans Y or N Hardship Withdrawals Y or N In-Service Withdrawals Y or N

Rollovers Y or N Life Insurance Y or N Age for In-Service _____

Funding & Investment Choices _____

Set Up Fee Quoted _____ Administration Fee Quoted _____

Notes: _____
