

## PLAN DESIGN / INSTALLATION WORKSHEET

| Name of Company                                                                                                                                                                                                            |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------|----------------------|
| <b>Business or Industr</b>                                                                                                                                                                                                 | y                                                                                                                                    |                                                                                       |                             |                                                                                               |                      |
| Type of Entity                                                                                                                                                                                                             | Corp                                                                                                                                 | Corp                                                                                  | Partnership                 | Sole Prop                                                                                     | Other                |
| Owners (Name and                                                                                                                                                                                                           | % Ownership)                                                                                                                         |                                                                                       |                             |                                                                                               |                      |
| Address                                                                                                                                                                                                                    |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
| Phone                                                                                                                                                                                                                      | Fax                                                                                                                                  |                                                                                       | EIN                         |                                                                                               |                      |
| CPA (Name, Addre                                                                                                                                                                                                           | ess & Phone)                                                                                                                         |                                                                                       |                             |                                                                                               |                      |
| Attorney (Name, A                                                                                                                                                                                                          | ddress & Phone                                                                                                                       | )                                                                                     |                             |                                                                                               |                      |
| Date Bus. Started _                                                                                                                                                                                                        |                                                                                                                                      | Tax Year                                                                              | Eff                         | fective Date of Plan                                                                          |                      |
| Plan Name                                                                                                                                                                                                                  |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
| Plan Trustee(s)                                                                                                                                                                                                            |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
|                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
|                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                       |                             |                                                                                               |                      |
| Additional Qualifie                                                                                                                                                                                                        | d Plans - Yes / N                                                                                                                    | o If Yes, Nam                                                                         | ne & Plan #                 |                                                                                               |                      |
| Additional Qualifie<br>Controlled Group o                                                                                                                                                                                  | d Plans - Yes / N<br>or Affiliated Serv                                                                                              | o If Yes, Nam                                                                         | ne & Plan #                 |                                                                                               |                      |
| Additional Qualifie<br>Controlled Group of<br>Eligibility: 1 <sup>st</sup> Year                                                                                                                                            | d Plans - Yes / N<br>or Affiliated Serv<br>All Employees -                                                                           | o If Yes, Namice Group Info _<br>Y or N Waiting                                       | ne & Plan #<br>Period       |                                                                                               |                      |
| Additional Qualifie<br>Controlled Group of<br>Eligibility: 1 <sup>st</sup> Year                                                                                                                                            | d Plans - Yes / N<br>or Affiliated Serv<br>All Employees -<br>Different                                                              | o If Yes, Namice Group Info _<br>Y or N Waiting                                       | ne & Plan #<br>Period       | _AgeEntry Dates                                                                               |                      |
| Additional Qualifie<br>Controlled Group of<br>Eligibility: 1 <sup>st</sup> Year<br>401(k) Eligibility if<br>Excluded Employed                                                                                              | d Plans - Yes / Nor Affiliated Serv<br>All Employees -<br>Different<br>es                                                            | o If Yes, Nam<br>rice Group Info _<br>Y or N Waiting                                  | ne & Plan #<br>Period       | _AgeEntry Dates                                                                               |                      |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting                                                                                                              | d Plans - Yes / N<br>or Affiliated Serv<br>All Employees -<br>Different<br>es                                                        | o If Yes, Namice Group Info _<br>Y or N Waiting                                       | ne & Plan #<br>Period       | _AgeEntry Dates                                                                               | 3                    |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc                                                                                            | d Plans - Yes / Nor Affiliated Serv All Employees - Different es                                                                     | o If Yes, Namice Group Info _<br>Y or N Waiting                                       | Period Com_                 | _AgeEntry Dates  ap from date of part - Y                                                     | 3                    |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc                                                                                            | d Plans - Yes / Nor Affiliated Serv All Employees - Different es clusions ula                                                        | o If Yes, Nam                                                                         | Period Com                  | _AgeEntry Dates  op from date of part - Y                                                     | 3                    |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc                                                                                            | d Plans - Yes / Nor Affiliated Serv All Employees - Different es clusions ula plicable                                               | o If Yes, Nam                                                                         | Period Com                  | _AgeEntry Dates  op from date of part - Y                                                     | or N                 |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc Contribution Form 401(k) Match if App                                                      | d Plans - Yes / Nor Affiliated Serv All Employees - Different es elusions ula plicable ent - Y or N                                  | o If Yes, Namice Group Info _ Y or N Waiting  1000 Hours R                            | Period Com                  | _AgeEntry Dates  op from date of part - Y                                                     | or N                 |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc Contribution Form 401(k) Match if App Last Day Requirem NRA                                | d Plans - Yes / Nor Affiliated Serv All Employees - Different es clusions ula plicable ent - Y or N                                  | o If Yes, Namice Group Info _ Y or N Waiting  1000 Hours R                            | Period Com                  | _AgeEntry Dates  op from date of part - Y                                                     | or N                 |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc Contribution Form 401(k) Match if App Last Day Requirem NRA                                | d Plans - Yes / Nor Affiliated Serv All Employees - Different es elusions ula plicable ent - Y or N                                  | o If Yes, Namice Group Info _ Y or N Waiting  1000 Hours R                            | Period Com                  | Entry Dates  ap from date of part - Y  500 Hours R                                            | or N  eq             |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc Contribution Form 401(k) Match if App Last Day Requirem NRA Plan Loans Y or Rollovers Y or | d Plans - Yes / Nor Affiliated Serv All Employees - Different es elusions ula plicable ent - Y or N - N                              | o If Yes, Namerice Group Info _ Y or N Waiting  1000 Hours R  nip Withdrawals surance | Period Com eq Y or N Y or N | Entry Dates  Entry Dates  500 Hours R  500 Hours R  In-Service Withdrawal  Age for In-Service | or N  eq             |
| Additional Qualifie Controlled Group of Eligibility: 1st Year 401(k) Eligibility if Excluded Employee Vesting Compensation: Exc Contribution Form 401(k) Match if App Last Day Requirem NRA Plan Loans Y or Rollovers Y or | d Plans - Yes / Nor Affiliated Serv All Employees - Different es clusions ula plicable ent - Y or N  N Hardsh N Life Instent Choices | o If Yes, Namerice Group Info _ Y or N Waiting  1000 Hours R  nip Withdrawals surance | Period Com eq Y or N Y or N | Entry Dates  ap from date of part - Y  500 Hours R  In-Service Withdrawal                     | or N  Req.  S Y or N |