

401kAdministrators.com

401k Plan Design Questionnaire

PLAN TYPE

- Safe Harbor 401(k)
- Traditional 401k/Profit Sharing

EMPLOYER INFORMATION (Please print)

Legal Name _____

Street Address _____

City, State Zip Code _____

County _____

Phone Number _____

Fax Number _____

Trustee Name _____

SSN (required) _____

Primary Plan Contact: _____

E-mail Address _____

Business Type:

- Corporation
- S-Corporation
- Professional Service Corporation
- Sole Proprietorship
- Limited Liability Partnership
- Limited Liability Company
 - taxed as an S-Corporation taxed as a C-Corporation
 - taxed as a Partnership taxed as a Sole Proprietorship
- Partnership
- Non-profit Organization
- Government Organization
- Other

Do you or any of the owners have ownership interest in other businesses?

Yes No

Date of Incorporation or date business began:

_____/_____/_____ (Month Day & Year)

Fiscal Year End: _____/_____/ (Month & Day)

Employer Identification Number: _____

If this plan covers more than 1 company, please provide the legal name, address, phone#, EIN, business type and fiscal year end for each company.

PLAN INFORMATION

Plan Name: _____
IRS Plan#: _____ (i.e. 001)
Plan Year: The 12 consecutive month period beginning the first day of _____ and ending the last day of _____.

Effective Date of Plan (the date 401(k) deferrals will begin):

Specify the Plan Year for which you would like 401kAdministrators.com to begin performing administrative services: _____

Is this a conversion of an existing plan? Yes No

ELIGIBILITY AND PARTICIPATION

Age Requirement:

- After reaching age _____ (Not to exceed age 21; age 21 is most common)
- No age requirement (Not recommended)

Service Requirement:

- After completing 12 months of employment and 1,000 hours of service. (Most common)
- After completing _____ months of service.
- No service requirement. (All employees become eligible after meeting the age requirement above-Not recommended)

Eligible Employees: (Check all that apply)

- All employees who are eligible to participate in the plan after satisfying the age and service requirements.
- All employees who are employed on plan effective date.
- All employees except:
 - non-resident aliens with no earned U.S. income
 - employees covered by a collective bargaining agreement

Participation Date:

After meeting the age and service requirements, eligible employees will enter the plan at the following frequency:

- Immediately
- Monthly
- Quarterly
- Semi-annually
- Annually (only allowed if less than 12 months of service is required)

Number of eligible employees (approximate): _____

BENEFIT EXCLUSIONS

Selecting any of the following exclusions may require IRS review of your plan, which will result in additional fees.

Exclude the following employees from participating in the plan: Note: Part-time employees or any other discriminatory classification of employees may not be excluded. If excluding employees under this section attach an employee census showing all employees and note which employees are to be excluded from participating in the plan.

- Salaried Employees
- Employees paid on Commission
- Hourly-paid Employees
- Leased Employees
- Other (please specify) _____

Exclude the following types of compensation for determining amount of participant contributions:

Note: You will be required to maintain and report two forms of compensation - including and excluding the types of compensation checked below. (Safe Harbor 401(k) cannot have this exclusion.)

- Overtime
- Bonuses
- Commissions
- Other (please specify) _____

Exclude the following employees from receiving matching contributions, annual employer contributions and forfeiture allocations: Note: (Safe Harbor 401(k) cannot have this exclusion.)

- Participants who are not employed on the last day of the Plan Year.
- Participants who do not work 1,000 hours during the Plan Year.

VESTING OF EMPLOYER CONTRIBUTIONS

Choose one of the following vesting schedules:

- 100% immediate (required for Safe Harbor contributions. Contributions in excess of the Safe Harbor formulas may be subject to a vesting schedule)
- 5-year graded (20% per year)
- 6-year graded (20% after 2 years, then 20% each year thereafter)
- 3-year cliff (0% for 1st & 2nd year, 100% after the 3 years)
- Other (cannot be more restrictive than 6-year graded): 1 yr. _____%
2 yrs. _____% 3 yrs. _____% 4 yrs. _____% 5 yrs. _____% 6 yrs. _____%

Vesting Service:

- All years of service are credited to determine a Participant's vesting
- Only years of service beginning with the effective date of this plan are credited to determine a Participant's vesting (excludes all previous service).

CONTRIBUTIONS

How frequently do you want Participants to be able to start or change their deferral elections?

- Daily Monthly Quarterly Semi-annually Annually

If you elect to make employer-matching contributions, how often do you want to send the matching contributions?

- Each payroll period Monthly Quarterly Annually

Safe Harbor 401(k)

Employee Deferrals:

- 1% to ____ % (Maximum \$15,000 or \$20,000 with catch-up contribution as indexed), or Maximum % allowed by law

Employer Contributions:

- Match 100% of the first 3% plus 50% of the next 2% of Participant's compensation (equivalent to 4% of compensation), or
- Enhanced Employer-Matching Contribution up to the first 6% of Participant's compensation
Specify: _____
- 3% non-elective Employer Contribution for all eligible employees

Traditional 401k/Profit Sharing:

Employee Deferrals:

- 1% to ____ %, or
- Maximum % allowed by law

Employer-Matching Contributions:

- Discretionary Match
- Match ____% of the first ____% of Employee's compensation
- Other

MULTIPLE PLAN LIMITATIONS

Does the Employer currently maintain, or has the Employer previously maintained another qualified plan? Yes No

If yes, specify type of plan: _____

NORMAL RETIREMENT

____Age (Not to exceed age 65.)

PRE-RETIREMENT DISTRIBUTIONS

- No Pre-retirement distributions allowed
- Age _____

LOANS AND HARDSHIPS

Do you want to allow participant loans?

- Yes
- No

Do you want to allow hardship withdrawals?

- Yes
- No

Loan origination fees, annual loan maintenance fees, termination and hardship distribution fees are to be paid by Employer Participant.

ALLOCATION OF FORFEITURES Note: This section does not apply to Safe Harbor 401(k).

- Forfeitures shall be allocated to Participants as additional employer contributions,
- Forfeitures shall be applied to reduce employer contributions.

EMPLOYER ACKNOWLEDGMENT AND AUTHORIZATION

As representative of the Employer named herein, I acknowledge that the information provided on this plan design questionnaire will be used by 401kAdministrators.com to prepare the plan documents to establish a retirement plan for the eligible employees of the Employer named herein. I acknowledge that I will review all plan documents in connection with this proposed retirement plan prior to signing them, and notify 401kAdministrators.com if any plan provisions or other information is not in agreement with the Employer's intentions or is factually incorrect. I acknowledge that 401kAdministrators.com has informed me that establishing a retirement plan has significant tax ramifications and that I should have my attorney or tax advisor review the plan documents before signing them.

Signed for the Employer by

_____ Date: _____

Print Name & Title