

8. Does the employer want a matching contribution.

Discretionary each year.

Equal to _____% of the Elective Contributions made on behalf of a Participant

9. Does the Employer want to accept Rollovers from other Employer Plans:

No

Yes, (if yes, choose one option below)

From any employee even if not otherwise eligible

From an Eligible Participant only

10. Participant Loan Provisions? Yes No

If yes, please complete the follow:

Use standard IRS Provisions Yes No

- Standard IRS:
- Acquisition of principal residence (excluding mortgage payments).
 - Substantially rehabilitating a personal residence for the Participant.
 - Payment of deductible medical expenses (described in Section 213(d) of the Code, incurred by the Participant, his or her spouse or dependents.
 - Payment of tuition for the college education for Participant, spouse, children, or dependents.
 - Prevent eviction of the Participant from his principal residence or foreclosure on the mortgage of the participant's principal residence.

Payment Frequency of Loan Payments

Pay Period Monthly Quarterly

(Note: Payments must be made on a payroll deduction basis in order to prevent defaulted loans)

11. Do they want Hardship Withdrawal Provisions? Yes No

If Yes,

a. Available for which accounts?

Deferral Matching Employer

12. Do you need Benefit Solutions to provide Deferral Election Forms (not investment elections forms for those plans with directed investment accounts)? Yes No

13. Where will the plan investments be held? _____

14. Do they want the Employee to have investment direction or do they want the Trustee to have sole discretion?

_____ Participant _____ Trustee

(If they want the Participant to have direction, please be aware that this tends to increase administrative costs and complexities to the Plan.)

If this is a 401(K) Plan and you have selected Participant investment direction above, which accounts do they want the Employees to have investment direction over?

_____ Deferral _____ Matching _____ Employer _____ Q-NEC

15. Please provide a detailed list of all Owners of the Employer with their Ownership Percentages:

_____ Ownership % _____
_____ Ownership % _____
_____ Ownership % _____

16. Please list the Officers of the Employer below with their official titles:

_____ Title _____
_____ Title _____
_____ Title _____

17. Please provide a list of Employees of the Employer that are related to any Owner or Officer of the Employer. Please detail their relationship to an Owner or Officer of the Employer.

_____ Relationship (i.e. Spouse, Child, Parent etc)
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18. Plan Documents are to be mailed to _____ Advisor
_____ Client

Plan Year End Request Information is to be mailed to: _____ Advisor
_____ Client

Approved by

Date