



Client Name \_\_\_\_\_

# Plan Design Highlights Sheet

## Plan Design Provisions

**401(k) Waiting Period:** How long should someone be employed before they are eligible to enter the plan?

- 1 year in which the employee works 1000 hours
- Default →  3 months (maximum 1 year for 401(k), maximum 2 years for Profit Sharing)
- \_\_\_\_\_ months (maximum 1 year for 401(k), maximum 2 years for Profit Sharing)
- Employees should be eligible immediately upon their date of hire
- Every person employed on \_\_\_\_/\_\_\_\_/\_\_\_\_ shall be eligible; new employees will become eligible after \_\_\_\_ months

**401(k) Contributions:** How much should employees be allowed to contribute to the Plan?

- from \_\_\_\_\_% to \_\_\_\_\_% of their salary
- Default →  up to 100% of their salary

**401(k) Changes to Deferrals:** How often should an employee be allowed to change the % of their salary being contributed to the 401(k)

- on the first day of the plan year
- Default →  on the first day of the plan year AND on the first day of the 7th month of the plan year
- at the beginning of each quarter
- at the beginning of each month
- any pay period

**401(k) Entry Date:** Once an employee has become eligible to participate in the plan, when should they enter?

- the first day of the plan year OR the first day of the 7th month of the plan year
- Default →  the next month after they become eligible
- the next quarter after they become eligible
- immediately (the next payroll)

**401(k) Safe Harbor:** Allows HCEs\* to defer maximum irrespective of employee deferral participation. Safe Harbor contributions are 100% vested

- Safe Harbor 3% QNEC - Uniform percentage to all eligible participants**
- Safe Harbor Match - 100% to 3% of compensation and 50% to additional 2% of compensation**

**401(k) Employer Match:** Will the employer match 401(k) contributions?

- no
- Default →  yes - match \_\_\_\_\_% of an employee's deferral up to \_\_\_\_\_% of pay
- discretionary - to be determined at the end of each year

**401(k) Match Frequency:** Match will be calculated on an **annual** basis unless you check the box below:

- match will be calculated on a **per-payroll** basis

**Loans:** Will participants be allowed to take loans from the plan?

- no
- Default →  yes
- in cases of hardship only

**Age Minimum:** How old must an employee be to participate in the plan?

- \_\_\_\_\_ years old (maximum age restriction is 21)
- Default →  no age minimum

**Profit Sharing or Match - Entry Date:** (If applicable)

- the first day of the plan year closest to the date they become eligible
- Default →  the first day of the plan year OR the first day of the 7th month of the plan year
- Same as 401(k) entry

**Profit Sharing or Match Vesting:** How long should someone be employed before they are fully vested in contributions made by the employer?

- n/a - This plan includes only EMPLOYEE contributions
- 4 years (25% each year)
- 5 years (20% each year)
- Default →  6 years (0% in the first year, 20% each subsequent year)
- Participants should be immediately 100% vested
- SELECT - Safe Harbor employer contributions - 100% vesting

**Compensation:** For the purposes of the plan will be calculated:

- from the participant's full year of salary
- Default →  from the participant's date of entry into the plan

**SPECIAL REQUESTS:** \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_





## NEW CLIENT INFORMATION SHEET

**Important:** Please complete accurately and verify all information before signing. Legal documents will be run from the information provided below.

New Plan    Existing Plan Takeover    Restatement of Current Plan

**Company Name:**

(under Federal EIN)

**Legal Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Telephone:** (   )

**Fax:** (   )

**Address for Correspondence:**

("same" if same as above)

**Email or Fax that can receive**

**confidential information:** (required)

**Sponsor of the plan is a:**    Sole Prop    S-Corp    C-Corp    LL-Corp    Partnership

**Social Security #** (Sole Proprietor Only): \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Plan Trust EIN:** \_\_\_\_\_

**Date Business Began:** \_\_\_\_\_

**Business EIN:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**IRS Business Code:** \_\_\_\_\_

**Full Names of all Owners:**

(with 5% or more ownership)

**Name and % of Ownership of all other  
businesses under common ownership:**

**Name your New Plan:**

(or enter name of Current Plan)

**Names of all Trustee(s):** \_\_\_\_\_

**email:** \_\_\_\_\_

**How many signatures required?**   1   2   3   4   (Note: 1 is required, you may name up to 4. Please circle your selection)

**Company Contacts:**

(primary contacts within your company)

**email:** \_\_\_\_\_

**Name of**    Broker or    CPA:

Email: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**Corporate Year End:**    Calendar    Fiscal ( year end: \_\_\_\_\_ )

**Plan Year End:**    Calendar    Fiscal ( year end: \_\_\_\_\_ )

**Current Plans:** (what type & how many?)

**Prior qualified plans:** \_\_\_\_\_

**Prior SIMPLE plans** \_\_\_\_\_

**Prior SEP-IRAs:** \_\_\_\_\_

**Do you wish to apply for an individual IRS Letter of Determination approving your specific plan language?**

(Optional; additional fee of \$250 - \$600 applies)

Yes    No

By signing below, I certify that the information provided above is true and correct to the best of my knowledge. I understand that Plan Documents will be prepared from the information I have supplied. I hereby authorize the preparation of such plan documents and acknowledge and agree to th installation, annual administrative fees, and other provisions contained within pages 1 - 5 of this document. An invoice for such fees will be sent to you upon finalization of plan design. I further understand that, upon authorization by a trustee's signature below, a fee of not less than \$300.00 shall be due, regardless of future circumstances or modifications made. In addition, I understand that revisions of any part of the plan document caused by errors in information provided to IPSD, or by changes requested after the plan document has been created shall incur an additional fee of not less than \$250.00. Fees are due immediately upon creation or revision of plan documents.



Signed: \_\_\_\_\_

for the Employer

Date: \_\_\_\_\_