

# AUTHORIZATION FORM

\_\_\_\_\_ NPC Initial Admin    PS    401k    DB    DB/DC    Proposal  
New Plan    Takeover    Doc Only    1 SPD

Consultant \_\_\_\_\_ Administrator \_\_\_\_\_

Employer \_\_\_\_\_

Official Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_ Main (\_\_\_\_) \_\_\_\_\_

Shipping Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Direct (\_\_\_\_) \_\_\_\_\_

Business Code \_\_\_\_\_ Date Business Commenced \_\_\_\_\_

EIN # \_\_\_\_\_ Trust # \_\_\_\_\_ Fiscal Year End \_\_\_\_\_ Plan Year End \_\_\_\_\_

Entity Type:     Corporation     S Corporation     Sole Proprietor     Partnership  
 LLC(taxed: Corp/ Partnership/ Sole Prop)     Other: \_\_\_\_\_

Accountant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Inv. Advisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Financial Institution \_\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

Board of Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stockholders/Owners \_\_\_\_\_ Percent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Name \_\_\_\_\_

\_\_\_\_\_

Trustee \_\_\_\_\_

Plan Effective Date \_\_\_\_\_ Resolution Date \_\_\_\_\_

Provisions Effective Date \_\_\_\_\_ IRS Plan # \_\_\_\_\_



**ELIGIBILITY**

Employer \_\_\_\_\_

Match \_\_\_\_\_

401k \_\_\_\_\_

Minimum Age (21 max) \_\_\_\_\_

Months \_\_\_\_\_

\_\_\_\_\_(24 max)

\_\_\_\_\_(12 max)

\_\_\_\_\_(12 max)

Hours (1,000 max) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employees employed on (regardless of hours): \_\_\_\_\_

Money Type:  Employer

401k & Match

Enter on:  Beginning of plan year

Same as waive date

**ENTRY**

Earlier of first day or 7<sup>th</sup> month (*SEMI-ANNUAL*)

First day of plan QUARTER

First day of MONTH

Date eligibility is satisfied

**401k**

401k Change:  Quarterly  Monthly  Annually  Any

ADP Test:  Prior Year  Current Year

Roth:  Yes  No

Match Timing  Annual  Per Pay Period

Safe Harbor:  N/A  3% Contribution

Match: \_\_\_\_\_

**VESTING**

\_\_\_\_\_ Hours of Service

6 Years (0, 20, 40, 60, 80, 100%)

5 Years (20, 40, 60, 80, 100%)

4 Years (25, 50, 75, 100%)

3 Years (33, 66, 100%)

3 Year Cliff (0, 0, 100%)

100% Immediately

**VESTING BEGINS**

Plan Start Date

Date of Hire



EXCLUDED

None  Union  Class \_\_\_\_\_

CONTRIBUTION  
REQUIREMENT

*Employer*

Employed on last day  
 1,000+ hours  501+ hours  Hours: \_\_\_\_\_

*Match*

Employed on last day  
 1,000+ hours  501+ hours  Hours: \_\_\_\_\_

ALLOCATION

Proportion of Compensation  
 Integrated with Social Security  
 Age Weighted  
 Comparability (*target*): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

INVESTMENT

*Employer Contributions*  Trustee  Participant  
*Matching Contributions*  Trustee  Participant  
*Safe Harbor Contributions*  Trustee  Participant  
*401k Contributions*  Trustee  Participant

LOANS

*Employer*  Yes  No  
*Match*  Yes  No  
*Safe Harbor*  Yes  No  
*401k*  Yes  No

HARDSHIP

Yes  No

EMPLOYER

N/A or Shall also mean:  Predecessor  Other



Are there any controlled/affiliated service group businesses including spouses? No Yes  
(If yes include: Employer, entity type, % ownership, authorized signer and title):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does employer have/had any other qualified plans in past 5 years? No Yes: IRS# \_\_\_\_\_  
Plan Name \_\_\_\_\_ Plan Type \_\_\_\_\_  
Active or Terminated? \_\_\_\_\_

**CLIENT RESPONSIBILITY CHECKLIST**

- Promptly provide NPC: annual census, ERISA bond, terminations and investment statements.
- Additional documents (including amendments) may be requested for takeover plans under audit.
- Provide participants: beneficiary/enrollment forms, SPDs, blackout notice, PPA quarterly benefit statement and 404(a)(5) Participant Fee Disclosure. These may come from NPC or other sources.
- Timely 401k and participant loan deposits required.
- Review 401k General Overview (ADP, Top-Heavy, 100% vest Safe Harbor w/ no last day).
- Review DB General Overview (required contribution, permanency, possibly PBGC reporting).
- Notify NPC of Financial Institution choice or change, so NPC can disclose revenue sharing.
- NPC requires all information within 8 months after the Plan year end or a rush fee applies.

Install / Restate: Base \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ / Participants \_\_\_\_\_ = \$ \_\_\_\_\_

Administration: Base \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ / Participants \_\_\_\_\_ = \$ \_\_\_\_\_

Please see Fee Schedule for a complete list of all fees.

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I AUTHORIZE NICHOLAS PENSION CONSULTANTS TO PERFORM THE WORK FOR THE FEES LISTED

