

AUTHORIZATION FORM

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

Consultant _____ Administrator _____

Employer _____

Business Address _____ County _____
(for plan documents and Form 5500)

_____ Phone _____

Contact Person _____ Direct Phone _____ Email _____

Billing Contact _____ Direct Phone _____ Email _____

Business Code _____ Date Business Commenced _____

EIN # _____ Fiscal Year End _____ Plan Year End _____

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

Accountant _____ Phone _____

_____ Cell _____

_____ Portal Access Email _____

Inv. Advisor _____ Phone _____

_____ Cell _____

_____ Portal Access Email _____

Financial Institution _____

Stockholders/Owners _____ Percent _____

_____	_____
_____	_____
_____	_____

Secretary _____ Email _____

(Corporations only; signs minutes & resolution)

Plan Name _____ **PLAN & TRUST**

Trustee _____ Email _____

Trustee _____ Email _____

Authorized Signer _____ Email _____

(signs 5500 & amendments; typically trustee, president or majority owner)

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) _____

***Beginning in 2021, there will be required 401(k) eligibility for employees age 21 with 3 years consecutive service, and at least 500 hours each year. 2024 is first year these part-time employees will meet eligibility.

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 7th 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* (True-up at year end)

*May increase trust accounting hours

Safe Harbor: N/A

3% Contribution

4% Contribution (3% next year)

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%) – Cash Balance max

100% Immediately

VESTING BEGINS

Plan Start Date

Date of Hire



EXCLUDED

- None Union Class: _____
- _____

CONTRIBUTION REQUIREMENT

- | | |
|---|---|
| <i>Employer</i> | <i>Match</i> |
| <input type="checkbox"/> Employed on last day (<i>n/a tiered</i>) | <input type="checkbox"/> Employed on last day |
| <input type="checkbox"/> 1,000+ hours (<i>n/a tiered</i>) | <input type="checkbox"/> 1,000+ hours |
| <input type="checkbox"/> 501+ hours | <input type="checkbox"/> 501+ hours |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

ALLOCATION

- Proportion of Compensation
 Integrated with Social Security
 Age Weighted
 Comparability/Tiered

COMPENSATION

- Annual (*easier*) Entry Date (*possibly less employee cost*)

INVESTMENT

- | | | |
|----------------------------------|----------------------------------|--------------------------------------|
| <i>Employer Contributions</i> | <input type="checkbox"/> Trustee | <input type="checkbox"/> Participant |
| <i>Matching Contributions</i> | <input type="checkbox"/> Trustee | <input type="checkbox"/> Participant |
| <i>Safe Harbor Contributions</i> | <input type="checkbox"/> Trustee | <input type="checkbox"/> Participant |
| <i>401k Contributions</i> | <input type="checkbox"/> Trustee | <input type="checkbox"/> Participant |

LOANS

- | | | |
|--------------------|------------------------------|-----------------------------|
| <i>Employer</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Match</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Safe Harbor</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>401k</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> 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, title and email):

Does employer, or any controlled/affiliated service group, have/had any other qualified plans in past 5 years or ever sponsored a DB or Cash Balance plan? No Yes: IRS# _____
Plan Name _____ Plan Type _____
Active or Terminated? _____

CLIENT RESPONSIBILITY CHECKLIST

- Promptly provide NPC: annual census, ERISA bond, terminations and investment statements.
- Outside CPA audit may be required if 100 eligible participants.
- Provide participant notices and forms from NPC.
- Provide participant notices from other sources (including Black Out & QDIA notice).
- 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.

Document / Restate: Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____
Administration: Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____

Reference Fee Schedule for a list of standard fees.

Notes: _____

X _____ (Signature) _____ (Date)

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



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)

I authorize NICHOLAS PENSION CONSULTANTS, INC. (“NPC”) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository (“DEPOSITORY”) named below, to debit and/or credit the same to such account not to exceed \$ _____.

Client/Company Name _____

Account Name _____

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Account Type CHECKING SAVINGS

Routing # _____ Account # _____

I agree to accept electronic invoices as notification for debit, effective on the invoice due date, or earlier if instructed. This authority is to remain in full force and effect until either party has received written notification of its termination in such time and in such manner as to afford NPC and Depository a reasonable opportunity to act on it.

Signature: _____ Signature: _____

Name: _____ Name: _____

Date: _____ Date: _____

Return to:

NICHOLAS PENSION CONSULTANTS, INC.

Attn: Livia Amidon

livia@nicholaspension.com

10933 Trade Center Drive, Suite 100, Rancho Cordova, CA 95670

(916) 638-5700 | Fax (916) 638-5704

Please contact Livia directly should you require assistance with a secure link.

***** ATTACH A VOIDED CHECK *****

Tape your document here.

Abc Incorporated Bank account registration	DATE _____
PAY TO THE ORDER OF _____	\$ _____
Anonymous Bank Bank name	DOLLARS
:999999999 : Bank routing number	000000000 : Bank account number

VOID

SAMPLE

