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Simplifying Retirement Plans for Business

BASIC PLAN INFORMATION DAILY ADVANTAGE NEW PLAN

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PLAN OVERVIEW

Plan Name:						
Plan Year End:	<input type="checkbox"/> 12/31	<input type="checkbox"/> 10/31	<input type="checkbox"/> 8/31	<input type="checkbox"/> 6/30	<input type="checkbox"/> 4/30	<input type="checkbox"/> 2/28
	<input type="checkbox"/> 11/30	<input type="checkbox"/> 9/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 5/31	<input type="checkbox"/> 3/31	<input type="checkbox"/> 1/31
Plan Effective Date:			Deferral Start Date:			
Enrollment Meeting Date:			Number of Enrollment Books:			

SPONSOR/COMPANY

Company Name:			
Street Address:			
City, State:		Zip Code:	
Phone Number:		Fax Number:	
Employer EIN:		Plan TIN:	
Form of Business:	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLC-Limited Liability Corporation
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> LLP-Limited Liability Partnership
	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Medical Corp.	<input type="checkbox"/> Professional Services Corp.
	<input type="checkbox"/> Other (please list):		
Date Business Commenced:			Fiscal Year End:
State of Legal Construction:			# of Employees:
Describe Business:			

CONTACT & TRUSTEE INFORMATION

Primary Contact:	Name:	Phone:
	Email:	
Payroll Contact:	Name:	Phone:
	Email:	
Trustees (list ALL):		

FINANCIAL ADVISOR

Name of Advisor	
Email Address:	



FINANCIAL ADVISOR (Continued)

Street Address:			
City, State		Zip Code:	
Phone Number:		Fax Number:	
If RIA, who pays fee to Advisor? (circle one)	Client	Paid thru Plan	If Paid thru Plan, please complete the Payment Instructions for RIA Form
If broker to be paid via 12b-1 fees, please complete the following information:			
Broker/Dealer NSCC#:		Branch ID#:	
Name of Broker Dealer:		Registered Rep#:	

PRIOR PLAN & CONTROLLED GROUP

Has there ever been a prior qualified retirement plan? Yes No

If Yes, list each plan name:

If Yes, were plan(s) terminated? Yes No

Do the owners or the company have any ownership in other companies? Yes No

If Yes, has it been determined by your CPA or Attorney that you are a member of a Controlled Group? Yes No

If Yes, list each member's company name, EIN & name and title of signer:

Will all members of the Controlled Group participate in this plan? Yes No Not Applicable

If No, will Sunwest Pensions be responsible for aggregate testing? Yes No

RETIREMENT

Item	Normal Retirement Age	Early Retirement Age
Age =		
Years of Service =		
Years of Participation =		



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COMPENSATION

Item	Employee Deferral	Employer Match	Employer Profit Sharing
Computation Period	Payperiod	<input type="checkbox"/> Plan Year (annual) <input type="checkbox"/> Payperiod <input type="checkbox"/> Other:	<input type="checkbox"/> Plan Year (annual) <input type="checkbox"/> Payperiod <input type="checkbox"/> Other:

ELIGIBILITY & PARTICIPATION

Eligible Employees (check all that apply)	<input type="checkbox"/> Plan Provisions – exclude union & non-resident aliens <input type="checkbox"/> Include Union employees <input type="checkbox"/> Other Excluded groups (specify here):		
Highly Compensated Employee Determination (check one)	<input type="checkbox"/> Normal Determination - by Salary Level <input type="checkbox"/> Top-Paid Group – HCEs limited to top 20% of employees		
Automatic Compensation Reduction	<input type="checkbox"/> N/A – No automatic deferrals required <input type="checkbox"/> Yes – percent shall be _____% (not to exceed 5%)		
Service with Predecessor Employers granted toward this plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Employer(s):		
Participation Provision	Employee Deferral	Employer Match	Employer Profit Sharing
Minimum Age (0-21)			
Months of Service (0-12)			
*If above is 12 months enter Hours of Service (cannot exceed 1,000)			
Waive Service Requirements? (check one)	<input type="checkbox"/> No waiver <input type="checkbox"/> Age Only <input type="checkbox"/> Service Only <input type="checkbox"/> Age & Service	<input type="checkbox"/> No waiver <input type="checkbox"/> Age Only <input type="checkbox"/> Service Only <input type="checkbox"/> Age & Service	<input type="checkbox"/> No waiver <input type="checkbox"/> Age Only <input type="checkbox"/> Service Only <input type="checkbox"/> Age & Service
*If yes waiver above, date of entry			
Plan Entry Date (immediate, semiannual, quarterly, monthly, other/specify)			

ADDITIONAL CODA FEATURES

ROTH FEATURE Will the plan allow Roth 401(k) Deferrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFE HARBOR CONTRIBUTIONS Will the plan allow Safe Harbor contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No



ADDITIONAL CODA FEATURES (Continued)

<i>Safe Harbor Formula (choose one)</i>	<input type="checkbox"/> Basic Match – 100% up to 3% plus 50% from 3%-5% <input type="checkbox"/> Enhanced Match – 100% deferral up to _____ % of comp. (must be 4%, 5% or 6%) <input type="checkbox"/> Safe Harbor Non-Elective – 3% of compensation
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If a Safe Harbor **Match** formula is chosen above complete the following:
 Select timing of Safe Harbor match: Every payperiod Once annually
 If timing is every payperiod, will there be a "true-up"? Yes No

EMPLOYER CONTRIBUTIONS & ALLOCATIONS

<i>Item</i>	<i>Employer Profit Sharing</i>	<i>Employer Match(Non-Safe Harbor)</i>
Hours required each year to receive contribution (not to exceed 1,000 hours)		
Must employees be actively employed on the last day of the Plan Year to receive contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allocation method/formula:	<input type="checkbox"/> Pro-Rata <input type="checkbox"/> Integrated <input type="checkbox"/> Cross-tested	<input type="checkbox"/> Discretionary <input type="checkbox"/> Limited to _____ % of compensation or \$_____
Deposit frequency:	Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Payperiod

VESTING

Exclude Years of Service prior to age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exclude Years of Service prior to effective date of plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Schedule</i>	<i>Employer Profit Sharing</i>	<i>Employer Match</i>
Vesting schedule (non-top-heavy schedule)		

ROLLOVERS INTO PLAN

Will rollovers from other plans be accepted on behalf of plan participants?	<input type="checkbox"/> No rollovers <input type="checkbox"/> Yes, accept from any employee even if eligibility requirements not met <input type="checkbox"/> Yes, but only if employee meets eligibility requirements
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DISTRIBUTIONS AND LOANS

Will Hardship Distributions of employee monies be permitted?	<input type="checkbox"/> Yes, of pre-tax <input type="checkbox"/> Yes, of Roth <input type="checkbox"/> No
Will Hardship Distributions of employer monies be permitted?	<input type="checkbox"/> Yes, must be 100% vested <input type="checkbox"/> No
Will age 59 ½ Inservice Withdrawals be permitted? (Employee)	<input type="checkbox"/> Yes, of pre-tax <input type="checkbox"/> Yes, of Roth <input type="checkbox"/> No
Will age 59 ½ Inservice Withdrawals be permitted? (Employer)	<input type="checkbox"/> Yes, must be 100% vested <input type="checkbox"/> No
Will distributions of rollover amounts be available any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will distributions upon attainment of NRA while still employed be permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Inservice Withdrawals available (please list)?	
Will Participant Loans be permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to allow loans, complete the following:	
<input type="checkbox"/> Loans are available for any reason, minimum of \$1,000	
Select Loan Interest Rate: <input type="checkbox"/> Prime <input type="checkbox"/> Prime + 1% <input type="checkbox"/> Prime + 2% Other: _____	
Enter Number of Loans Allowed at one time: _____	
Maximum loan repayment period is 5 years, principal residence loans will be _____ years (not to exceed 30)	

PAYROLL ACH INFORMATION

For automatic deduction of payroll contributions, please provide the following items:	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	ABA Number _____ Account Number _____
Payroll Frequency	<input type="checkbox"/> Weekly every: _____ <input type="checkbox"/> Bi-Weekly every: _____ <input type="checkbox"/> Semi-Monthly every: _____ and _____ <input type="checkbox"/> Other, please describe _____



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DEFAULT FUND INFORMATION

The default fund for this plan will be:
(Please choose a fund indicated on next page)

OWNERS & OFFICERS

OWNERSHIP

List all owners of the company, their family members employed by the company, and the family relationships

<i>Owner's Name</i>	<i>Percent of Ownership</i>	<i>Family Member Name</i>	<i>Family Member's Relationship to Owner</i>

OFFICERS

List all officers of the company and their titles.

<i>Employee Name</i>	<i>Title</i>

