

# Document Checklist

For setting up a Retirement Plan with Pension Associates Inc.

**Important:** You must fill out this form completely before signing and returning to our office. Please seek help from your advisors (financial advisor, CPA, sales rep, etc.) or your plan consultant to complete this form.

## Company Info:

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County and State where principal business is located: \_\_\_\_\_ State of Legal Construction: \_\_\_\_\_

Website: \_\_\_\_\_

EIN: \_\_\_\_\_ Fiscal Year End: \_\_\_\_/\_\_\_\_ Date Business Commenced: \_\_\_\_\_ Business Code: \_\_\_\_\_

Payroll Provider: \_\_\_\_\_

Are you an ADP Run or Paychex Flex client? We can seamlessly integrate your payroll report with your existing payroll service provider. Would you like to add this convenient service to your package? Yes, please contact me.

Type of Entity: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Are you a Professional Service Provider? Yes No

- A professional generally is someone providing services that require knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study, as distinguished from general academic education and from an apprenticeship or from training in the performance of routine mental, manual, or physical processes.
- The rendering of professional services generally requires the consistent exercise of discretion and judgment in its performance and is predominantly intellectual in character.

If your plan covers employees, a Fidelity Bond may be necessary to safeguard against losses due to fraudulent or dishonest actions by individuals responsible for managing plan assets. Our office can assist with arranging this coverage. Would you like us to contact you to discuss further?

Yes Not Applicable – I have no employees under this plan(s)

	Yes	No	N/A
Do you (Together with your spouse or siblings) own more than 50% of another business?			
If yes, please provide ownership details of the business(es):			
List Controlled Group Members:			
List Affiliated Service Group Members:			

**Main Contact: (Person who will handle all plan correspondence)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Advisors: (Accountant, Financial Advisor, Attorney, etc.)**

**ADVISOR #1** – Send this person a copy of correspondence?

☐

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**ADVISOR #2** – Send this person a copy of correspondence?

☐

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Plan Trustees: (Person or persons who have fiduciary responsibility for the plan)**

#1 Name: \_\_\_\_\_ #1 SSN: \_\_\_\_\_

#1 Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_ #2 SSN: \_\_\_\_\_

#2 Email: \_\_\_\_\_

**Plan Info:** (Plan name(s) will appear on all documents exactly as how they are entered below.)

#1 - Plan Name: \_\_\_\_\_

Plan Number (PN): \_\_\_\_\_ If this is your first qualified plan, PN is 001. Please refer to your last Filed Form 5500, if applicable.

Effective Date: \_\_\_\_\_ First Year Pension Associates Inc.  
administers the plan: \_\_\_\_\_

#2 - Plan Name: \_\_\_\_\_

Plan Number (PN): \_\_\_\_\_

Effective Date: \_\_\_\_\_ First Year Pension Associates Inc.  
administers the plan: \_\_\_\_\_

**Plan Provisions:**

	Defined Benefit / Cash Balance Plan	Defined Contribution Plan Profit Sharing (ONLY)	Profit Sharing 401(k)
Months of Service:			
Hours of Service:			
Minimum Age:			
Entry Dates:			
Vesting Schedule:	DB:	PS:	PS:
	CB:		SH: Vested Immediately
			401(k): Vested Immediately
Exclude Service prior to the effective Date of Plan:			
Allow Loans:			
Allow Rollovers to this Plan:			
Allow Hardships:	N/A		
Allow In-service Distributions: (After 59 1/2)			
Recordkeeping Provider:	N/A		
Participant Distribution			
Service Fee: (Paid by EE or ER)			

### Desired Contribution / Funding Amount:

How much do you intend to contribute to the plan each year for the first three years?

(Note: DB/CB plans require a minimum annual contribution.)

### Plan History:

Not applicable - No company I have ever owned sponsored a retirement plan. (Do not complete this section)

If you have a prior plan, and this plan will be a restatement please include the following items:

Last Valuation – Form 5500 for the past two years – Plan Trust Document & Letter of Determination

**Prior Plan Name #1:** \_\_\_\_\_

Plan Number (PN): \_\_\_\_\_

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

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

**Prior Plan Name #2:** \_\_\_\_\_

Plan Number (PN): \_\_\_\_\_

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

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

### Signature:

Authorized plan sponsor representative name and title: \_\_\_\_\_

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

**Note:** We have a Secure File Exchange website portal (<https://plansponsorlink.com/pensionassociates>) that is the preferred method for transmitting sensitive personal information. Please ask your plan consultant to setup an account and provide you with more details.