

Employer _____ Phone (____) _____

_____ Phone Type office cell other

_____ Fax (____) _____

Date Business Commenced _____ EID # _____

Business Code _____ Trust # _____

Contact Person _____ Fiscal YE _____

E-mail _____ Plan YE _____

Entity Type C-Corporation S-Corporation
 Sole Proprietor LLC (taxed as Corp / Pass-thru)
 Partnership/ LLP Other: _____

Accountant _____ Phone (____) _____

_____ Fax (____) _____

_____ E-mail _____

Inv. Advisor _____ Phone (____) _____

_____ Fax (____) _____

_____ E-mail _____

Payroll Service Provider _____ Frequency _____

Prior TPA _____ Date Term Letter Sent _____

Financial Institution / Product (old) _____ (new) _____

Officers / Managing Members: List All, Provide Name and Title (i.e. President, Secretary)

Board of Directors	Stockholders/Owners	Ownership Percent
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Plan Name _____

Trustee(s) _____

Trustee e-mail _____

Plan Effective Date _____ IRS Plan # _____

ELIGIBILITY

Employer

_____ Minimum Age
 _____ Months of Employment (24 max)
 _____ Hours of Service (1,000 max)

401(k) and Match

_____ Minimum Age
 _____ Months of Employment (12 max)
 _____ Hours of Service (1,000 max)

- All employees who, regardless of hours, are employed on:
- Employer Contribution _____
 - 401(k) & Match _____

ENTRY

- Earlier of first day or 7th month (SEMI-ANNUAL)
 First day of plan QUARTER
 First day of MONTH
 Date eligibility is satisfied

401(k)

- ADP/ACP Test Prior Year Current Year
 Roth Yes No
 Safe Harbor N/A 3% Contribution
 3% NHCE only (New Comp. default)
 Basic Match \$\$ up to 3%+%50 next 2%
 Enhanced Match _____

Special Effective Date for Provisions _____

VESTING

- | <i>Vesting Schedule</i> | <i>Vesting Begins</i> |
|---|--|
| _____ Hours of Service | <input type="checkbox"/> Plan Start Date |
| <input type="checkbox"/> 6 Years (0,20,40,60,80,100%) | <input type="checkbox"/> Date of Hire |
| <input type="checkbox"/> __, __, __, __, __, 100% (Minimum above) | |
| <input type="checkbox"/> 3 Year Cliff (0,0,100%) | |
| <input type="checkbox"/> 100% Immediate | |

PREDECESSOR None
 EMPLOYER Yes (Name, EIN) _____

Are there any related/controlled/affiliated service group businesses including spouses?
 No Yes If yes, attach separate page 1 for each entity.

Has the employer (or related entities) presently or previously sponsored within the last 5 years any other qualified plans? No Yes IRS# _____
 Plan Name _____ Plan Type _____
 Active or Terminated? _____

CLIENT RESPONSIBILITY CHECKLIST

- Promptly provide F&B: annual census, ERISA bond, blackout notice, investment data access.
- Provide participant: beneficiary/enrollment forms, SPD, 404(a)(5), QDIA and SAR information.
- Timely 401(k) and loan payment required (7 days).
- Review 401(k) General Overview (ADP, Top-Heavy, 100% vest Safe Harbor w/ no last day).
- Review DB General Overview (may require PBGC reporting, permanency).
- Cash Balance Document submission to IRS for approval recommended.
- Follow applicable Force-out procedures for terminated participants.
- F&B may be compensated by investment provider (if so, typically up to 5/100 of 1%).
- F&B requires 45 days after receiving data to provide administration or a rush fee applies.

Fees

Install / Restate Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____

Administration Base \$ _____ Plus \$ _____ / Participants _____ = \$ _____

See fee schedule for complete list. Special pricing valid for up to three years.
 Assets held outside of a platform subject to additional accounting charges.

Pricing Notes _____

Notes _____

I AUTHORIZE FARMER & BETTS TO PERFORM THE WORK FOR FEES LISTED

X _____ (Signature) _____ (Date)

_____ F&B Admin Consultant _____	Administrator _____
Proposal Provided <input type="checkbox"/> Y <input type="checkbox"/> N Deliver to _____	<input type="checkbox"/> PS <input type="checkbox"/> 401k <input type="checkbox"/> DB <input type="checkbox"/> DB/DC
<input type="checkbox"/> New Plan <input type="checkbox"/> Takeover-restate <input type="checkbox"/> Takeover-old doc	<input type="checkbox"/> Existing Client-restate <input type="checkbox"/> Doc Only