

# D O C U M E N T   C H E C K L I S T

## **DOCUMENT INFORMATION PAGES FOR THE ACCUDRAFT MASS-SUBMITTER, VOLUME SUBMITTER, OR INDIVIDUALIZED PLAN AND TRUST**

### PLAN INFORMATION

### EMPLOYER INFORMATION

<b>Employer Legal Name</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City / Town, State, ZIP code:</b>	
<b>Phone Number (with area code)</b>	
<b>Fax Number (with area code)</b>	
<b>Confidential E-mail (required)</b>	<b>(Preferred Contact Method)</b>
<b>Nature of Business / SIC code:</b>	
<b>State incorporated / Date</b>	
<b>Type of Organization:</b>	(C Corp, S Corp, Sole Prop, LLC, Other)
<b>Employer Fiscal Year</b>	(mm/dd/yyyy)
<b>Employer EIN Number:</b>	(Sole Proprietors must get an EIN number, do not use Social security number)

<b>Corporate, Officers, Shareholders</b>		
<b>Name</b>	<b>Title</b>	<b>% of Stock Owned</b>

<b>Who should be our contact(s) for day-to-day pension matters as they arise?</b>		
<b>1 Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>2 Name:</b>	<b>Phone:</b>	<b>Email:</b>

<b>Plan Number:</b> (Enter 001 for new plan)	
<b>Name of Plan:</b> (i.e. name of company Retirement Plan)	
<b>Plan Effective Date:</b> (mm/dd/yyyy)	
<b>Is this a restatement of an existing Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plan Trustees</b> ( <i>Minimum of 2 recommended</i> )	
<b># Name:</b>	<b>Social Security Number:</b>
<b>1</b>	
<b>2</b>	

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<u>Profession</u>	<u>Name</u>	<u>Company</u>	<u>Phone / Email</u>
<b>Accountant</b> (Required)			Tel: Email:
<b>Financial Advisor</b> (Required)			Tel: Email:
<b>Attorney</b> (Optional)			Tel: Email:

## GENERAL PLAN INFORMATION

<b>Check all that apply:</b>	
<b>Profit Sharing</b>	
<input type="checkbox"/>	Class Allocated New Comparability
<input type="checkbox"/>	Salary Proportion
<b>401(k)</b>	
<input type="checkbox"/>	Safe Harbor ( <i>waives discrimination testing ADP</i> ) - Check one: <input type="checkbox"/> 3% Non-Elective <input type="checkbox"/> Matching
<input type="checkbox"/>	Non Safe Harbor ( <i>Annual ADP Testing</i> )
<input type="checkbox"/>	Solo participant 401(k) on standardized Prototype Plan Document
<b>Defined Benefit</b>	
<input type="checkbox"/>	Tiered Formula ( <i>Class allocated</i> )
<input type="checkbox"/>	Straight Formula
<input type="checkbox"/>	Offset Formula ( <i>DB tiered &amp; DC</i> )
<input type="checkbox"/>	Cash Balance Plan

<b>Did you have any other retirement plans? If yes, please include the following:</b>		
<b>Name of Plan</b>	<b>3-Digit Plan Number</b>	<b>Year of Plan termination</b>
<b>If you have a prior plan and this is a reinstatement, please include the following:</b>		
Last Valuation	<input type="checkbox"/>	
Form 5500 for the past year	<input type="checkbox"/>	
IRS Letter of Determination, if Plan was submitted to the IRS	<input type="checkbox"/>	
Most Current Plan Document	<input type="checkbox"/>	

<b>Where will the investments be placed (i.e., mutual funds, annuity contracts)? Include name and address of Investment Contact email address:</b>
<b>Will life insurance contracts be part of the plan funding?</b>
<b>Insurance Contact email address:</b>
<b>PLEASE ENSURE THAT LAR Pensions, LLC IS PROVIDED WITH COPIES OF ALL STATEMENTS AS AN "INTERESTED THIRD PARTY."</b>

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## Plan Provisions

<b>Eligibility Requirements (If less than 12 months, only 1 hour of service is permitted.):</b>			
<i>* typical values</i>	<b>Employer</b>	<b>401(k)</b>	<b>Match</b>
Months of service (12 months) *			
Hours of Service (1000 hours) *			
Minimum Age (21 years old) *			
Entry Dates (Semi-Annual) *			
<p><i>*Note: Minimum Service is 0 hours to a maximum of 2 years</i></p> <p><i>* Restrictions apply – immediate vesting required on eligibility over 1 year</i></p>			

<b>Normal Retirement Age (typical values in italics)</b>	<b>Early Retirement Date</b>
(Age 65): <input type="checkbox"/> or Age _____	Age: _____ Date: _____

<b>Vesting Schedule (please check one):</b>		
0 – 20 – 40 – 60 – 80 – 100%:	<input type="checkbox"/>	
0 – 0 – 100%:	<input type="checkbox"/>	
25 – 50 – 75 – 100%:	<input type="checkbox"/>	
100% Immediately:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
<b>Vesting Starting Point:</b>	Date of Hire: <input type="checkbox"/>	Plan Effective Date: <input type="checkbox"/>

## Plan Preferences

<b>Would you like (please check the appropriate box):</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Not Sure</b>
Service with a prior employer to count towards years of service?				
People hired by the effective date to enter the plan immediately?				
The plan to allow loans?				
The plan to allow hardship withdrawals?				
The plan to accept rollovers?				
The plan to utilize a match (for 401(k) plans only)?				
HCE's to get the employer contribution as well? (401(k) Safe Harbor Only)				
Additional Requirements:				

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**For LAR Pensions LLC Use Only:**

Assigned LARP Client Number: \_\_\_\_\_

# of Plan Participants for IRS Form 5307 \_\_\_\_\_

This checklist authorizes LAR Pensions LLC to prepare an IRS approved Plan Document. I hereby agree to pay the stated fees associated with the preparation and mailing of this document.

\_\_\_\_\_  
Authorized company Representative\_\_\_\_\_  
Date

Submitted by \_\_\_\_\_