

# TRUSTED PENSION ADMINISTRATORS

Trusted Pension Administrators is a regionally based Third Party Administrator (TPA) to company sponsored qualified retirement plans. We provide compliance and consulting services to assist the Plan Sponsor (Employer) with its responsibilities under the provisions of the Plan, the Internal Revenue Code, and the legislative procedures of ERISA, GUST & EGTRRA.

Our services work in conjunction with the Investment Advisor, Tax Professional and Retirement Plan Product by advising and consulting on all operational aspects involved with this complex employee benefit. Our Proactive & Personal approach to customer service comprises:

- Conduct Initial Fact Finding Consultation to Establish the Plan's Goals and Objectives
- Present Customized Plan Design Illustration & Fee Disclosure
- Discuss & Complete Plan Design Questionnaire
- Produce Proper Legal Plan Documents and Participant Communications
- If Applicable, Facilitate the Transfer of Services & Plan Assets
- Provide Daily Access to Compliance Consultation and Plan Provision Education
- Monitor On-Going Plan Activity for Compliance Issues and Law Changes
- Periodically Consult on Redesign Options to Meet Current Business Structure and Plan Objectives

At the end of each Plan year, we will collect and analyze payroll and plan related data in order to complete the mandatory Internal Revenue Service (IRS) and Department of Labor (DOL) testing and notice requirements. Our basic service package includes:

- Average Deferral Percentage (ADP), Average Contribution Percentage (ACP), Top Heavy and Coverage Testing
- Participant's Annual Additions, 401(k) and Catch-up Limit Testing
- Employer Tax Deduction Limit Advisement
- Profit Sharing and Forfeiture Allocations
- Signature-Ready IRS Form 5500
- Safe Harbor Allocation and Notice
- Annual Plan Sponsor Report
- Actuarial Valuation & Schedule B

The Fiduciary responsibility of the Employer embraces the terms "loyalty", "prudence" & "actions" in respect to the Plan. Our services are structured to help you ease the responsibilities and legalities of sponsoring a retirement plan for the retirement benefit of you and your employees.

We look forward to providing you outstanding service that is timely, accurate and respectful of your expectations.

Thanks,

Chris Obst  
Principal

## Compliance Services Fee Schedule

**New Plan Installation Fees** – One Time Fee for Customized Plan Design, Plan Documents, Employee Summary Plan Descriptions (SPD), System Setup, Forms Manual, & Investment Provider Assistance. Full amount due at the time of submission of the plan design questionnaire:

Defined Contribution	\$700 + \$10 per eligible employee
Defined Benefit	\$1,300 + \$50 per eligible employee

**Conversion Plan Fees**- One time fee based on the level of service required after a review of the current Plan Document with the possible restatement of design changes & regulation updates. Additional fees would also apply to the setup, transfer and reconciliation of the plan investments. A flat and/or hourly rate would be quoted prior to the services performed.

**Annual Administration Fees** - Full plan year fees regardless of start date. Includes daily access to personal consultation & transaction processing, annual performance of required testing, limit checks, notices, valuations, allocations, & document maintenance and the tax form 5500:

Defined Contribution	\$850 + \$10 per eligible employee
*Billed quarterly throughout the plan year	
Defined Benefit	\$1,600 + \$100 per eligible employee
*Billing based on the delivery of annual valuation	

**Both the installation and full annual fees are due in the first plan year for each plan established.**

Trusted Pension may receive asset based compensation from the Plan's investment provider as additional compensation for services performed.

### **Enhanced Services:**

Cross Tested/Age Weighted Profit Sharing Allocations	\$400/annually
Accounting for Pooled Investments	\$125/hour
Participant Statement	\$5 per
IRS form 5558 (5500 extension)	\$100 per
Extraordinary Consultation/Accounting	\$125/hour

### **Transaction Services** (typically paid by the participant):

DC Distributions (terminations, hardships, refunds)	\$40/per
DC Distributions (QDRO & 70 ½)	\$75/per
DC Loans	\$40/setup, \$20/annually
DB Distributions	\$250/per
DB Loans	\$250/setup, \$60/annually

## Plan Installation Questionnaire

The following questions are used to create your customized Plan based on your needs and goals. It is highly advisable that you complete this document with the assistance of Trusted Pension Administrators @ (877) 736-6767.

### **I. General Information:**

- **Legal Company Name:** \_\_\_\_\_
  - dba: \_\_\_\_\_
  
- **Physical Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
- **Mailing Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
- **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_
  
- **Web Site:** \_\_\_\_\_
  
- **Employer Identification Number (EIN):** \_\_\_\_\_
  
- **SIC Code (6 digit):** \_\_\_\_\_ (refer to business tax returns)
  
- **Fiscal Year End:** \_\_\_\_\_
  
- **Type of Business:**    C Corp    S Corp    Partnership    Sole Proprietorship  
                                 Nonprofit    LLC filing as a    C Corp    S Corp    Partnership
  
- **Date of Incorporation or business began:** \_\_\_\_\_
  
- **Primary Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  
- **Billing Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

▪ **Plan Trustee:** \_\_\_\_\_

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

▪ **Plan Trustee:** \_\_\_\_\_

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

▪ **Accountant:** \_\_\_\_\_ Firm: \_\_\_\_\_

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

▪ **Ownership** – Do the owner(s) of this Company have any ownership interest in any other Company? Yes No If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Is this Company the member of a **Controlled Group of Businesses**? Yes No

• Is this Company the member of an **Affiliated Service Group**? Yes No

• Is there more than one entity adopting the Plan? Yes No

▪ **General**

• Does this Company sponsor any other qualified retirement plans in addition to this one?  
Yes No If Yes, please describe: \_\_\_\_\_

• Has this Company sponsored a retirement plan in the past that has been terminated?  
Yes No If Yes, please describe: \_\_\_\_\_

• Does the Company employ any leased employees? Yes No

▪ **Financial Representative:** \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

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

Broker/Dealer: \_\_\_\_\_

▪ **Plan Investment Institution:** \_\_\_\_\_

## II. Plan Design or Re-Design:

1. Plan Name: \_\_\_\_\_

2. Effective Date: \_\_\_\_\_ Plan Year End: \_\_\_\_\_

### 3. Eligibility:

- Age Requirement (age 21 max): 21 18 None Other \_\_\_\_\_
- Service Requirement (1 yr. max): 1 yr. 6 mos. None Other \_\_\_\_\_
- Hours Required: (1,000 max): 1,000 500 None Other \_\_\_\_\_
- Date of Entry: Semi Annual Quarterly Immediate Other \_\_\_\_\_
- "Open Enrollment" – Will all employees employed on the Effective Date of this Plan be considered eligible regardless of their individual age and length of service?  
Yes No
- Non-Resident Aliens and Collectively Bargained Employees are typically excluded from participating in the Plan. Is there another class of employees you wish to exclude?  
Yes No If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

### 4. Defined Contribution Employee Elective Deferral Contributions - 401(k):

- Will pre-tax elective deferrals be permitted under this Plan? Yes No
- Will Roth (post-tax) elective deferrals be permitted under this Plan? Yes No
- Elective deferrals will commence on \_\_\_\_\_
- Separate elective deferral election for bonuses? Yes No
- Elective deferral change date? Semi Annual Quarterly Other \_\_\_\_\_
- Automatic elective deferrals? Yes No Amount? \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Payroll frequency? Weekly Bi-weekly Semi-monthly Monthly
- Name of payroll provider? \_\_\_\_\_ In-house

**5. Defined Contribution Employer Safe Harbor Contributions:**

- Highly Compensated Employees maybe limited annually in the amount of elective deferrals they desire based on the participation on the Non-Highly Compensated Employee group. The Plan may avoid this type of non-discrimination testing by electing the make a mandatory and 100% vested Safe Harbor contribution.
- Will Employer Safe Harbor Contributions be permitted under the Plan?

Yes No

- If Yes, the ADP Test Safe Harbor Contribution will be (select one):

**Non-Elective** – Employer will annually contribute 3% of Plan compensation for all eligible employees.

**Basic Match\*** – Employer will contribute \$1 for each \$1 a participant defers on the first 3% of compensation plus \$0.50 for each \$1 a participant defers between 3% & 5% of compensation.

**Enhanced Match\*** – Employer will contribute \$1 for each \$1 a participant defers on the first 4% of compensation.

\*The matching contribution will be made Annually or Per Payroll?

**6. Defined Contribution Employer Matching Contributions:**

- Will an Employer matching contribution be permitted under this plan?

Yes No

- Contributions will be made: Annually or Per Payroll?

- If annual contributions, will the Plan require Year-End Employment and 1,000 hours of service during the Plan year as a condition to receive this contribution?

Yes No

- The Employer matching formula will be discretionary and can be determined & communicated at any given time. Do you wish to declare a matching formula for the initial enrollment period?

Yes No

- If Yes, the formula will read: \$ \_\_\_\_\_ on the \$1 up to \_\_\_\_\_ % of compensation.

## 7. Defined Contributed Employer Profit Sharing Contributions:

- Will an Employer profit sharing contribution be permitted under this plan?  
Yes    No

- If Yes, the Allocation Formula will be (select one):

**Pro Rata** – allocated based on participant's compensation to total compensation.

**Flat Dollar** – same dollar amount for each participant.

**Integrated** - allocated based the Social Security Wage Base and on the participant's compensation to total compensation.

- The integration level will be:    at the Wage Base    Other \_\_\_\_\_

**Age Weighted** – allocation based on the participant's age to retirement age.

**Cross Tested** – allocation based on the age to retirement age of the named groups of participants

Group A: \_\_\_\_\_

Group B: \_\_\_\_\_

Group C: \_\_\_\_\_

Group D: \_\_\_\_\_

- Will the Plan require Year-End Employment and 1,000 hours of service during the Plan year as a condition to receive this contribution?    Yes    No

## 8. Defined Benefit Employer Contributions:

- Defined contribution plans limit the individual participants' annual additions at indexed level. The Employer funding portion of a plan may exceed this limit by contributing towards the retirement benefit of the participants. This separate plan can be paired with a defined contribution elective deferral plan.
- Will an Employer defined benefit contribution be permitted under a separate plan?  
Yes    No
- If yes, the estimated total contribution desired is \$ \_\_\_\_\_ or the retirement benefit of \_\_\_\_\_ % will be established.

## 9. Vesting and Forfeitures:

- A participant shall become Vested in his or her Individual Account derived from Employer Matching and Profit Sharing contributions based on the following schedule:

<u>Year</u>	<u>3-Yr Cliff</u>	<u>6-Yr Graded</u>	<u>Other</u>
1	0%	0%	_____%
2	0%	20%	_____% not less than 20%
3	100%	40%	_____% not less than 40%
4		60%	_____% not less than 60%
5		80%	_____% not less than 80%
6		100%	_____% not less than 100%

- All of an Employee's Years of Vesting Service with the Employer are counted to determine the Vested percentage except (select any the apply):
  - Years of Vesting Service before Employee reaches age 18
  - Years of Vesting Service before the Effective Date of this Plan
- The allocation of Forfeitures (unvested amounts) of Employer contributions shall be (select one):
  - To pay plan fees
  - Applied to reduce Employer contribution
  - Allocated based on participant's compensation to total compensation

## 10. Transactions:

- Rollovers** – Will the Plan allow for participants to rollover qualified retirement assets?  
Yes    No
- Hardship Withdrawals** – Will the Plan allow a Participant to request a distribution of his or her Elective Deferrals on account of Financial Hardship?    Yes    No
- Loans** – Will the Plan allow a Participant to request a loan of his or her Elective Deferrals and/or 100% vested employer contributions?    Yes    No

## 11. Employee Census Data Information:

- Please forward the following information for each current employee:
  - Name, Social Security Number, Ownership Percentage or Relationship to Owner(s), Officer Status, Date of Birth, Date of Hire, Estimated Annual Compensation.**

### III. Signature

**By signing this form and submitting a check for the quoted setup fees, you are accepting the proposed services & fees and are authorizing Trusted Pension Administrators to begin the Installation Process.**

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

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail all completed documents and a check for the setup fees to:**

**Trusted Pension Administrators**

5115 North Dysart Road  
Suite 202 #439  
Litchfield Park, AZ 85340

(877) 736-6767 ♦ Sales@TrustedPension.com ♦ Fax: (623) 536-6768

**Notes:**

- Retain a copy of this completed document for your records.
- The ERISA laws require that Plan Fiduciaries (Trustees) of plans with employees be bonded for the protection of the Plan assets. Plan Fiduciaries should be insured for a minimum of 10% of the plan assets, but not less than \$1,000. Contact your business insurance agent to obtain a Fidelity Bond.
- The IRS requires that an independent qualified public accountant's option/audit report must be attached to the Form 5500 filing for plans with 100+ eligible employees. It is the client's responsibility to obtain the services of an accountant to render this service.
- Defined Benefit plans (other than Owner only or professional service employer with less than 25 participants) are required to be covered by the Pension Benefit Guaranty Corporation (PBGC) insurance program and pay an annual premium.