

**INDIVIDUAL 401(k) PLAN & TRUST AUTHORIZATION**

**Business owners with no employees**

Brokers – fill this form out completely, print, enclose a check made out to Hicks Pension Service for \$350 set-up fee and mail to: **401k MATRIX, 2091 Hallmark Place, Escondido, CA 92029**

**Legal Name of Employer:** \_\_\_\_\_

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

**Phone No.** (\_\_\_\_) \_\_\_\_\_ **Fax No.** (\_\_\_\_) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date of Incorporation or business commenced:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash \_\_\_\_ Accrual \_\_\_\_

**Nature of Business:** \_\_\_\_\_ **Business Code:** \_\_\_\_\_ (6 digits) Go to [www.401kmatrix](http://www.401kmatrix) and search for business code.

**Employer ID No:** \_\_\_\_\_ **State ID No.** \_\_\_\_\_

**Legal Organization of Employer:**

\_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ C Corporation \_\_\_ S Corporation \_\_\_ LLC \_\_\_ LLP

\_\_\_ Non Profit \_\_\_ Professional Service Corporation \_\_\_ Medical Corporation

**State of Legal Construction:** \_\_\_\_\_

**Fiscal Year-End:** \_\_\_\_\_ **Plan Year-End:** SAME AS FISCAL

**Accountant:** \_\_\_\_\_

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

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

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Financial Planner (Broker for Plan):** \_\_\_\_\_

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

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

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Investment Provider (Mutual Fund Vendor) for Plan** \_\_\_\_\_

**Funding or Contribution Amount:** \_\_\_\_\_

**If Incorporated, Please Complete:**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_

Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Board of Directors: \_\_\_\_\_  
\_\_\_\_\_

Stockholders/Partners:	Percent Owned:	Salaried (y or n)
_____	_____	_____
_____	_____	_____

**Effective Date of Plan:** \_\_\_\_\_

**Name of Plan:** \_\_\_\_\_ 401(k) Profit Sharing Plan

**Name of Trust:** \_\_\_\_\_ Retirement Trust

**Trustees:** \_\_\_\_\_  
\_\_\_\_\_

The Plan Trustees are required to be bonded for at least 10% of the total plan assets.

ERISA Bonding to be obtained by \_\_\_\_\_  
(Your property casualty insurance broker)

**Does Employer have or did have other Qualified Pension or Profit Sharing Plans?** Yes \_\_\_\_ No \_\_\_\_

(If yes, please list) \_\_\_\_\_

**Does the Employer own any other companies?** Yes \_\_\_\_ No \_\_\_\_

(If yes, please list) \_\_\_\_\_

Affiliated \_\_\_\_ Controlled \_\_\_\_

**Fees Quoted:** Set up fee **\$350.00** \_\_\_\_\_ How many \_\_\_\_\_ Participants \_\_\_\_\_

Annual Administration fee \_\_\_\_\_ \$350.00 \_\_\_\_\_ Terminations \_\_\_\_\_ \$75.00 \_\_\_\_\_

**Please complete as much as possible and return to:**

401k MATRIX  
2091 Hallmark Place,  
Escondido, CA 92029  
Phone (866) 470-4015 Fax (760) 432-9604 E-mail: [info@401kmatrix.com](mailto:info@401kmatrix.com)

Signature: _____	Date: _____
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## Owner Only 401(k) Plan Provisions

### ELIGIBILITY/SERVICE

Eligible Employees – 21 years of age and 1 year of service. Employees must be commissioned, hourly, salaried. All others will be excluded.

Entry Date – New employees will be able to enter the plan on January 1 and July 1 once they have met the eligibility requirements

### DATE PROVISIONS

Normal Retirement Age - Age 65 and 5 years participation

Normal Retirement Date - Actual Attainment

Timing of Salary Reduction Changes – Owner will be able to change their contribution about at anytime

### CONTRIBUTION AND ALLOCATION

Requirement to Share in Profit Sharing Allocation All employees must complete 1000 hours (1,000) and be employed at year end

### VESTING PROVISIONS

Vesting Schedule – All contributions are 100% vested immediately

### DISTRIBUTION PROVISIONS

Time of Distribution – Distributions will be made at Participant's election within a reasonable period following Distribution Date

Distribution Determination Date - Valuation date following date of termination.

Hardship Distributions of Elective Deferrals - Are not Permitted

Loans: Are Not Permitted

Investment Control Participants may control all investments

I agree to the terms and the standard 401(k) plan design set forth in this agreement.

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

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

Plan Sponsor