

# 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**

The following employer information is needed to begin an Individual 401(k) plan and is vital to setting up the Plan Document and plan trust.

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

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

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

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

For periodical administrator contacts.

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

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

Date is needed for Trust. Cash/Accrual is the revenue accounting basis.

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. \_\_\_\_\_

The number they use to submit income taxes.

Legal Organization of Employer:

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

The type of business structure.

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

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

The state they exist in under government control and taxes.

Fiscal Year-End: \_\_\_\_\_

Accounting Year-End.

Plan Year-End: SAME AS FISCAL

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

Administrator will need to contact for accounting info.

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

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

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

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

You and 401k MATRIX will assume this role.

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

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

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

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

AmerUS for Indexed Annuity or Lincoln Financial for Group Annuity.

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

The total amount of employee (owner) deferrals and/or employer contributions.

Note: The owner can contribute 100% of their income up to \$12,000 a year. Age 50+ owners can contribute up to another \$2,000 a year.

Note: The business can make a contribution up to 15% of the owners income to a maximum of \$40,000 a year.

The names are needed to conduct required testing.

**If Incorporated, Please Complete:**

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

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

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

Treasurer: \_\_\_\_\_

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

Stockholders/Partners:

Percent  
Owned:

Salaried  
(y or n)

The names and ownership percentages are needed to conduct required testing.

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

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

This will be the first of the month as soon as the plan can be established with the IRS and a trust formed. Usually takes 45 – 60 days once all paperwork and fees are submitted.

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

ie: Boulder County Tire 401(k) Profit Sharing Plan.

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

ie: Boulder County Tire Retirement Trust.

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

Name at least one, usually the owner.

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)

About \$150+ a year or so to start.

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

If yes, we will follow up.

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

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

Critical info. If, yes, then ask if there are employees in the other company (ies),

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

Affiliated \_\_\_\_ Does business exclusively for another service company.

Controlled \_\_\_\_ Owns part of another company or subsidiary.

**Fees Quoted:** Set up fee \$350.00 \_\_\_\_

Made out to Hicks Pension Services

Participants \_\_\_\_

Usually 1 (one)

Annual Administration fee \$350.00 Terminations \$75.00

To be billed later.

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

## Owner Only 401(k) Plan Provisions

These are the default Plan Provisions that make the Individual 401(k) plan work best.

### 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