The Raymond Company
Pension Services, LLC

Clear Form

# QUALIFIED PLAN DESIGN WORKSHEET

**Section 1: Financial Advisor Information** Clear Section 1

Name: ________________________________________
Phone: ________________________________________
Email: ________________________________________

Plan Document Delivery Preference:
☐ Send directly to client for e-signatures
☐ Send to financial advisor to collect signatures

**Section 2: General Information** Clear Section 2

Company Name: ________________________________________
Address: ________________________________________ Phone: ____________________
City, State, Zip: ________________________________________ EIN: ____________________
Fiscal Year End: ______________ Plan Year End: ☐ Same as Fiscal YE ☐ ______________
Type of Entity: ☐ C Corp ☐ S Corp ☐ LLC tax as an S Corp ☐ LLC tax as a Partnership
☐ Partnership ☐ Sole Proprietor ☐ Tax-Exempt/501(c)(3)
Owner(s): ____________________ _____% . . . . Email: ____________________
____________________ _____% . . . . Email: ____________________
____________________ _____% . . . . Email: ____________________
Main Contact: ____________________ if not listed above Email: ____________________
CPA Name: ____________________
Plan Name: ________________________________________
Plan Trustee(s): ____________________ if not listed above Email: ____________________
____________________ if not listed above Email: ____________________
Plan Effective Date: ____________________ Plan # ______
Brief description of nature of business: ________________________________________
Payroll Provider: ☐ Quickbooks/In-House ☐ Outside Vendor ____________________

Does the Company currently sponsor another qualified plan? ☐ No ☐ Yes
If yes, what is the plan name? ________________________________________, and Plan # ______
Has the Company sponsored past, terminated qualified plan? ☐ No ☐ Yes
If yes, what was the plan name? ________________________________________, and Plan # ______

Do any of the owners have ownership in any other companies that have non-owner employees? ☐ No ☐ Yes
If yes, explain ________________________________________

**Section 3: Plan Specifications *(No need to complete if OWNER ONLY PLAN)*** Clear Section 3

Type of Plan: ☐ 401(k) ☐ Safe Harbor 401(k) ☐ Profit Sharing Only ☐ Defined Benefit ☐ Cash Balance
Plan Eligibility: Service- ______ (mo.) Age- _____ Entry Dates- ______________ ☐ Waive for current EEs
Vesting Schedule (ER Disc Only): ☐ 6-year graded ☐ 3-year cliff ☐ 100% ☐ Other: ______________
Vesting Service: ☐ From Hire Date ☐ Exclude Prior to Plan Effective Date ☐ Exclude Prior to Age 18

401(k) plan only

Safe Harbor Formula: ☐ N/A ☐ Basic Match ☐ 4% Match ☐ 6% Match ☐ 3% Non-Elective
401(k) Auto Enroll: ☐ N/A ☐ 3% ☐ 5% ☐ 6% ☐ Other: _____% If auto enroll: ☐ ACA ☐ EACA ☐ QACA
QDIA: ________________________________________
Match Calculation Based On: ☐ N/A ☐ Payroll Period ☐ Plan Year
Plan Loans? ☐ No ☐ Yes Payroll Period: ☐ Every Two Weeks ☐ Semi-Monthly ☐ Weekly ☐ Monthly
Participant Direction: ☐ Individual Direction ☐ Trustee Directed Pooled Account
Financial Institution to hold assets: ________________________________________

Set-up Fee Quoted: $__________ Annual Admin Fee Quoted: $__________ + $______ per participant

Notes: ________________________________________
________________________________________
________________________________________