## QUALIFIED PLAN DESIGN WORKSHEET

SECTION 1: REFERRER IN	<b>IFORMATION</b>						
Name:							
Phone:			Email:				
Send Plan Docume	ent for signature:	to	me for delivery to o	client	directly to cl	ient	
ECTION 2: GENERAL IN							
<b>Company Name:</b>							
Type of Entity:				a) S	Corp	Partnership/S	Sole Prop
	Partnership		•				
Owner(s):							
							%
			Fiscal Year End:		(mm/dd)		
			Fax:				
<b>Primary Contact:</b>							
CPA Name:							
Plan Name:							
Plan Trustee(s):							
Additional Qualifie							
Controlled Group of		ice Info:					
Effective Date of P	lan:						
CTION 3: PLAN SPECS					C. C.		
Type of Plan:				k) Pro	ofit Sharing		
			Cash Balance DB				
<b>Excluded Employe</b>							
Plan Eligibility:							
Vesting Schedule (	ER Disc Only):						
	5	Other	:				
Vesting Begins:					60/ 84	20/ 1	et
Safe Harbor Formu							
Roth Deferrals:	Allowed	Not All	owed	In-Plan Roth	Conversions	Yes	No
401(k) Automa	tic Enrollment:		3%	4% 5	% 6%	Othe	er:%
			EACA				
Applies to:			ction on file	Current EEs	who haven't	elected at lea	ast default 9
	Does not app	•					
Auto Increase:			% per year up				
			Beginning				
	thdrawals:	No	Yes, within:	90 days	Other	:(day	s)
QDIA:							
Match Calculation							
			Hardship Withdr				
Payroll Period:			· ·		ly Oth		
Participant Direction							
Financial Institutio	n to hold assets:						
at wa Fan Owatady Ć		0	Admin For Overton	J. Ć	. 6		
et-up Fee Quoted: \$		Annuai	Admin Fee Quoteo	a: \$	+ \$	per partic	cipant
otos							
lotes:							
					Th	e	
				(K	Ravi	mond C	omna
				- V 1	Itayi	Pension S	Sarvione
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