



HCS RETIREMENT SERVICES, LLC

1095 South 800 East
Orem, UT 84097
Phone (801) 224-1900
Fax (801) 224-1930
www.mycpa.com

Plan Design Form – Employer Data

BUSINESS INFORMATION	
Referred By: _____	Phone: _____
Employer Legal Name: _____ dba: _____	
Primary Contact: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ Email: _____
Employer ID Number: _____	Employer Trust ID Number: _____
Principal Business Activity: _____	Date Business Commenced: _____
Type of Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____	
CPA Name: _____	CPA Phone: _____
Legal Counsel Name: _____	Legal Counsel Phone: _____
Investment Advisor Name: _____	Investment Advisor Phone: _____
Requested Password for sensitive data (mandatory): _____	

PLAN INFORMATION	
Plan Name: _____	5500 Plan #: _____
<small>(List Plan Name as you wish it to appear on all Participant reports)</small>	
Plan Original Effective Date: _____	Take-Over Date: _____
Plan Year Begins: <input type="checkbox"/> Jan 1 or <input type="checkbox"/> Month _____ Day _____	Plan Year Ends: <input type="checkbox"/> Dec 31 or <input type="checkbox"/> Month _____ Day _____
Investment Platform: <input type="checkbox"/> John Hancock <input type="checkbox"/> ING <input type="checkbox"/> TransAmerica <input type="checkbox"/> Brokerage Accounts <input type="checkbox"/> Other: _____	
Plan Trustee(s): _____	

OWNERSHIP		
List ALL owners of the Company and their ownership percentage (attach additional sheet if necessary):		
<u>Name</u>	<u>Name</u>	
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
Are there any other companies owned by the same owners listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please fill out the information below as well as on page 4 under "Affiliated Companies"		
<u>Company Name</u>	<u>Owner</u>	<u>% of Ownership</u>
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%



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Design Details – Pension Plan

Employer Name: _____			
ELIGIBILITY			
<input type="checkbox"/> Minimum Age 21 <input type="checkbox"/> Other Minimum Age _____ <input type="checkbox"/> Exclude Part-time (less than 1,000 hrs/yr)			
<input type="checkbox"/> One Year Service Requirement <input type="checkbox"/> Other Service Requirement _____			
ENTRY DATE			
<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____			
VESTING			
Count Years of Service from: <input type="checkbox"/> Hire Date <input type="checkbox"/> Plan Start Date			
Credit Service with Predecessor Employer? <input type="checkbox"/> Yes Former ER Name: _____ <input type="checkbox"/> No			
Vesting Schedule:			
<input type="checkbox"/> 6 Year Year 1 0 % Year 2 20 % Year 3 40 % Year 4 60 % Year 5 80 % Year 6 100 %	<input type="checkbox"/> 5 Year Year 1 20 % Year 2 40 % Year 3 60 % Year 4 80 % Year 5 100 %	<input type="checkbox"/> 3 Year Cliff Year 1 0 % Year 2 0 % Year 3 100 %	<input type="checkbox"/> Other: Year 1 % Year 2 % Year 3 % Year 4 % Year 5 % Year 6 %
FORFEITURES (Non-vested portion left by terminated participants)			
<input type="checkbox"/> Credit to all Eligible Employees <input type="checkbox"/> Use to reduce future Employer Contributions			
LOANS			
Participant Loans Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Loans Allowed? <input type="checkbox"/> One <input type="checkbox"/> Two			
Purpose of Loan: <input type="checkbox"/> Any Purpose <input type="checkbox"/> Hardship Only			
Hardship Distributions Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
401(k) MATCH (Vesting Schedule Applies)			
<input type="checkbox"/> Discretionary <input type="checkbox"/> 25¢ per \$1 to 4% of Pay <input type="checkbox"/> 50¢ per \$1 to 6% of Pay <input type="checkbox"/> Other: _____			
Last day service requirement for match: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Only select Yes for last day of service requirement if match is funded annually</small>			
Match Funded: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> N/A			
Hours required for match: <input type="checkbox"/> 1,000 <input type="checkbox"/> 500 <input type="checkbox"/> Other: _____			
SAFE HARBOR (Requires 100% Vesting)			
<input type="checkbox"/> \$1 to \$1 to 3% plus 50¢ per \$1 next 2% <input type="checkbox"/> 3% Required Company Contribution			
<input type="checkbox"/> Enhanced Match: \$1 to \$1 of: <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% of Plan Compensation			
INVESTMENT DECISIONS			
<input type="checkbox"/> Employees make investment decisions <input type="checkbox"/> Employer makes investment decisions <input type="checkbox"/> Other: _____			
FREQUENCY OF REPORTS			
<input type="checkbox"/> Quarterly <small>Required for EE Directed Investments</small> <input type="checkbox"/> Annual <small>Only if Trustee makes all Investment decisions</small> <input type="checkbox"/> Other: _____			
PAYROLL FREQUENCY			
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			



Design Details – Pension Plan cont.

DESIGN DETAILS		
Types of Contributions provided under the Plan:		
<input type="checkbox"/> Salary Deferrals <input type="checkbox"/> Roth <input type="checkbox"/> Employer Contributions (Profit Sharing) <input type="checkbox"/> Matching Contributions <input type="checkbox"/> Safe Harbor Match <input type="checkbox"/> Safe Harbor Employer (Non-elective) <input type="checkbox"/> Qualified Non-Elective (QNEC's) <input type="checkbox"/> Qualified Match (QMAC's)		
Company Contribution Formula:		
Hours required for Profit Sharing? <input type="checkbox"/> 1,000 <input type="checkbox"/> 500 <input type="checkbox"/> Other: _____ Last Day Service Requirement for Profit Sharing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Integrated Contribution (equal percentage of pay) <input type="checkbox"/> Integrated Contributions (benefits highly paid) <input type="checkbox"/> Modification of Integration Level Instead of the Taxable Wage Base, the Integration Level is: <input type="checkbox"/> _____ % (may not exceed 100% of the Taxable Wage Base) <input type="checkbox"/> New Comparability Allocation (different percentage of pay to each group) <input type="checkbox"/> Each Participant is in his/her own allocation group <input type="checkbox"/> A separate discretionary contribution will be made to the following allocation groups:		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;"> <input type="checkbox"/> Group 1: _____ <input type="checkbox"/> Group 2: _____ <input type="checkbox"/> Group 3: _____ </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Group 4: _____ <input type="checkbox"/> Group 5: _____ <input type="checkbox"/> Group 6: _____ </td> </tr> </table>	<input type="checkbox"/> Group 1: _____ <input type="checkbox"/> Group 2: _____ <input type="checkbox"/> Group 3: _____	<input type="checkbox"/> Group 4: _____ <input type="checkbox"/> Group 5: _____ <input type="checkbox"/> Group 6: _____
<input type="checkbox"/> Group 1: _____ <input type="checkbox"/> Group 2: _____ <input type="checkbox"/> Group 3: _____	<input type="checkbox"/> Group 4: _____ <input type="checkbox"/> Group 5: _____ <input type="checkbox"/> Group 6: _____	
<input type="checkbox"/> Special Rules: <input type="checkbox"/> Family Members are in separate allocation group <input type="checkbox"/> Participants who do not receive Minimum Gateway Contribution are in separate allocation group		
Employee Contribution Changes:		
<input type="checkbox"/> The first day of each calendar quarter <input type="checkbox"/> The first day of each calendar month <input type="checkbox"/> The first day of each Plan Year <input type="checkbox"/> The beginning of each payroll period <input type="checkbox"/> Other: _____		
Salary or Roth Deferrals		
Deferrals will become effective on this date: _____		

NOTES
Empty space for notes



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AFFILIATED COMPANIES (Please fill out details for details for any Affiliated Companies listed under "Ownership" on Page 1)

Does the Employer have Ownership Interest in other Businesses? Yes No
Are other Employers adopting this Plan? Yes No
Possibly exclude affiliated companies in the Plan? Yes No

If separate companies have employees in common – detail below*	If individuals or groups own multiple companies – detail below*
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*Warning: Owners & the DOL may have different opinions regarding who is covered

Affiliated Companies

1 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

2 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

3 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

4 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____



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Plan Design Form – Employer Data cont.

Affiliated Companies cont.

5 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

6 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

7 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

8 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____

9 Legal Name: _____ dba: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ EIN: _____
 Type of Organization: Sole Proprietor Partnership C-Corp Sub-S LLC Other: _____
 Person signing for Affiliated Company: _____ Title: _____