



401(k) Retirement Plan Review Packet

For more information on our services, proposals and fee quotes, please contact us or visit our website.
www.NBSbenefits.com

Eric Thorne
VP of Business Development
(800) 274-0503 ext 118
(801) 303-2634 (Fax)
erict@NBSbenefits.com

Kim Stephens
Senior Consultant
(800) 274-0503 ext 119
(801) 303-2632 (Fax)
kims@NBSbenefits.com

- Plan design consultation
- Preparation of plan documents
- Compliance testing
- Completion of annual Form 5500 and all related schedules
- Summary Annual Report
- Administrative support for plan sponsors and fiduciaries
- Assistance in ongoing compliance with pension law
- Website Q&A, forms, presentations, etc

New Retirement Plan Information



1 Plan Sponsor

FSA Client COBRA Client

Employer Name _____ Employer Identification Number (EIN) _____

Employer Physical Address, _____ City, _____ State, _____ Zip Code _____

Contact Person(s) _____

Phone Number _____

Fax Number _____

Email Address _____

Yes No

Is your current document a PPA Document? (IRS required Pension Protection Act Restatement 2014-2016 (PPA))

Yes (if yes, please provide a copy) No

Do you maintain any other Retirement Plans?

Legal Plan Name _____

Principal Business Activity _____

Trustee(s) including email addresses _____

IRS Plan Number _____

Corporate Trustee Name (if applicable) _____

Yes No

Corporate Directed Trustee (nondiscretionary)

Yes No

Corporate Discretionary Trustee

Corporate Trustee Address _____

Fiscal Year End _____

Plan Year End _____

Original Effective Date _____

Document Amendment/Restatement Date _____

NBS Administration Start _____

Yes No

Safe Harbor Plan

First effective date of Safe Harbor _____

NOTE: only Roth and Hardships may be added during a safe harbor plan year.

C-Corp S-Corp Partnership Sole Proprietor LLC (Corporation) LLC (S-Corp) LLC (Partnership) Other:

Church or Government Plan (ERISA exempt: Yes No) Tax Exempt, please specify: Corporation Association Trust

Employer Entity Type _____

Yes No

Is this a Merger/Acquisition

Yes No

Adopting Employer(s) (Please provide a detailed list in Section 9)

Yes No

Is there a Controlled Group

Payroll Information:

Weekly Every Two Weeks Semi-Monthly Monthly

Payroll Cycle _____

First expected payroll _____

Next 2 Pay Dates _____

Plan Information (continued)



2 Service Providers

Name Of Investment Advisor		Advisor Firm
Advisor Phone	Fax Number	Email Address
CPA Name	Phone Number	Email Address
Attorney Name	Phone Number	Email Address
Payroll Provider	Phone Number	Email Address

3 Takeover Information

Current Investment Provider(s)	Current Investment Providers Contact Information
Prior Vendor	Prior Vendor's Contract Number
Prior TPA	Prior TPA Contact Information

Takeover Items Needed:

- Adoption Agreement EGTRRA or PPA Plan Document and Summary Plan Description Prior Year 5500

Please check which items from the last Plan Year have been completed for the Plan? Valuation 5500 Audit

Will NBS be completing any of the prior year work? Yes No explain:

4 New Investment Provider Information

Providers	Employee Directed <input type="checkbox"/>	Employer Directed <input type="checkbox"/>
Type of Transfer:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> QDIA Enrollment <input type="checkbox"/> Mapping	
Default Investments	Enrollment Meeting Date	Enrollment Kits Needed

Please complete the Plan Design Checklist which follows

Plan Design Checklist



1 Eligibility

Excluded Employees: Leased Employees Union employees Nonresident Aliens with no U.S. Source income
 Other:

Eligibility Conditions:

Contribution Type	Age Requirement	Service Requirement	Entry Date	Waive Service Requirement	Date of Waive Service (see**Note below)
All Contribution Types (Same)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elective Deferrals				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Matching Contributions				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Profit Sharing Contributions				<input type="checkbox"/> Yes <input type="checkbox"/> No	

** NOTE: Waiver of Service, if the Plan has a less than 1 year wait and 1,000 hour requirement, the waiver will allow Part-time employees to enter the Plan (cannot have the waiver only apply to Full-time Employees.)

Credit Service with any other Employers? No Yes If yes, credit service for: eligibility vesting contribution allocation

Name of any Employers whom which you will credit Service

2 Vesting

The percent of Company contributions that will go to a terminated employee based on years of service

Is the vesting schedule listed below a new vesting schedule: Yes No

If yes, what was the prior vesting schedule: Are there any existing matching and/or Profit Sharing forfeitures? Yes No

Current / New Vesting Schedule:

<input type="checkbox"/> Sample 1	<input type="checkbox"/> Sample 2	<input type="checkbox"/> Sample 3	<input type="checkbox"/> Sample 4	<input type="checkbox"/> Sample 5	<input type="checkbox"/> Other
Year 1 0%	Year 1 20%	Year 1 25%	Year 1 0%	100%	Year 1 _____%
Year 2 20%	Year 2 40%	Year 2 50%	Year 2 0%	Immediate	Year 2 _____%
Year 3 40%	Year 3 60%	Year 3 75%	Year 3 100%		Year 3 _____%
Year 4 60%	Year 4 80%	Year 4 100%			Year 4 _____%
Year 5 80%	Year 5 100%				Year 5 _____%
Year 6 100%					Year 6 _____%

No Exclusions

Exclude Vesting prior to: Age 18 Effective date of plan

3 Forfeitures

Money left by terminated participants

Used to reduce employer contributions Pay plan expenses Credit to all eligible employees

4 Distributions

Will hardship distributions be allowed? Yes No

Will loans be allowed? Yes No

If Yes, number of loans allowed at one time? 1 2 Other: ()

In-service Distributions allowed at age 59 ½ from all sources that are 100% vested? Yes No

Normal Retirement Age: 65 Other

- First day of the month coinciding with or next following
- Anniversary date coinciding with or next following

Plan Design Checklist (continued)



5 Employer Contributions

Discretionary match with vesting: Yes No

If yes, matching requirements: Last day of service 1,000 hours (Please note: requirements Do Not apply to Safe Harbor)

Discretionary profit sharing with vesting: Yes No

If yes, Profit sharing allocation: New comparability Integrate Divide equally (if applicable, list tiers in the notes section)
 Other

If yes, Profit sharing requirements: Last day of service 1,000 hours

Integrated (if applicable): What is the integrated allocation?

Other sources offered in the Plan:
(check all that apply)

Money Purchase Davis Bacon Other

If Prevailing Wage contribution (Davis Bacon) Is this considered a QNEC? Yes No Are HCEs excluded? Yes No
Are Profit Sharing contributions offset by the Prevailing Wage contribution? Yes No

6 Safe Harbor Options

REMINDER: Plan cannot have a last day or hour requirement on any additional matching contribution or it will lose the safe harbor status on the ACP portion and will still have to pass the ACP test.

Safe Harbor Match - immediate vesting: \$1 per \$1 to 3% + \$0.50 per \$1 next 2% \$1 per \$1 to %

Safe Harbor Profit Sharing: 3% Nonelective

Safe Harbor contribution funded: Each payroll Quarterly Annually (true-up allowed)

7 Employee Contributions

Max Salary Deferral: 100% Other

Employee contribution changes: Quarterly Semiannually Monthly Per Pay Period

Roth contributions allowed: Yes No If yes, date first allowed: _____ (No earlier than January 1, 2006)

8 Miscellaneous

In-Plan Roth Conversion: Yes No If yes, date first allowed: _____ (No earlier than September 28, 2010)

Any limitations:

In-Plan Roth Transfers: Yes No If yes, date first allowed: _____ (No earlier than January 1, 2013)

Any limitations:

Automatic enrollment: Yes No

If Yes the following information is required: Effective date: _____ Default percentage: _____% Roth or Pre-tax

Automatic Escalation: Yes No

If Automatic Escalation occurs other than the first day of the Plan year, please indicate timing:

Apply automatic enrollment to the following: Participants with no existing election on file (default) All participants
 Participants with % below auto enrollment % Newly eligible participants only

Does the Plan have an EACA Yes No (Please answer additional questions found in Appendix A)

Does the Plan have QACA (Safe Harbor Plan) Yes No (Please answer additional questions found in Appendix B)

Exclude Compensation: No exclusions Prior to participation Bonus Overtime Commissions Other:

Mandatory Distributions: \$1,000 \$5,000 (requires an automatic rollover to an IRA)

Top Paid Group Election: Yes No

Plan Design Checklist (continued)



9 Qualified Default Investment Alternative (QDIA)

Is there a Qualified Default Investment Alternative: Yes No QDIA Name:

Will there be a QDIA Enrollment: Yes No

10 Adopting Employers, if applicable *(Must Provide Name, Address, EIN number and adoption date)* Must be part of the same controlled group

11 Fee Schedule Details

Plan Document Fee	\$ _____	Annual Administration Fee	\$ _____
Takeover Fee	\$ _____	Annual Participant Fee	\$ _____
NBS Fee Schedule:	_____	Fees Paid From Plan Assets	\$ _____ or _____ bps

12 Changes to existing Plan Document/Summary Plan Description (SPD)

13 Additional Notes (Special provisions such as grandfather provisions, etc. or Operational Requirements to be passed on)
