

# Erisafile Inc.

## 457(f) Plan Checklist / Transmittal Form

To order document, complete checklist below and email, fax or mail completed checklist and transmittal form to Erisafile Inc. along with payment. Our fax number is (321) 747-0350.

If you have any questions, please call us at (321) 567-4044 or email us at sales@erisafile.com.

Checklist completed by \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If unavailable, individual to contact: \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Authorizing Professional\* \_\_\_\_\_  
(\*required – must be completed or documents will not be processed)  
Telephone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Type of Firm:** \_\_\_ TPA firm \_\_\_ CPA firm \_\_\_ Law firm \_\_\_ Admin/Cons. firm  
\_\_\_ Other type of firm - \_\_\_\_\_

### Document Fee:

The charge for a 457(f) plan document is a one-time fee of \$1,500. This includes the plan document, adopting resolution and any forms required to implement the plan. If special language is requested, additional fees may be charged as outlined below.

### 20% Discount:

\_\_\_ I'm restating a plan document previously prepared for my firm by Erisafile/QPC and I'm re-ordering the same document and/or supporting forms package originally ordered.  
\_\_\_ Date plan document was previously created

### Format of Documents:

- a. \_\_\_ Plan & Individual Participant Agreement as one document
- b. \_\_\_ Plan & Individual Participant Agreement as separate documents

### Turn-Around (following the date of receipt until mailing):

- a. \_\_\_ Normal (7-10 business days)
- b. \_\_\_ Rush (3-5 days; must be received by noon ET; Add additional rush charge of \$500 to document fee)

### Special language and/or instructions:

- a. \_\_\_ No
- b. \_\_\_ Yes – special language attached or requested.

**Note:** Additional turn-around time may be required for special language modification and checklist entries requiring telephone contact. Contact may be charged at the rate of \$150 per hour (quarter hour minimum charge \$37.50) and consultant time at \$200 per hour (quarter hour minimum charge \$50.00).

- c. \_\_\_ Yes – special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Policy:**

Erisafile understands the importance of processing your plans promptly. To avoid unnecessary delays, please read the following carefully:

- a. 50% of payment is due with order unless other payment arrangements have been approved by Erisafile, and the remaining amount is due upon delivery of document.
- b. We cannot process any plans for accounts that are 45 days or more past due until payment is received. If you want to question an invoice, please call your Account Manager immediately at 321-567-4044 upon receiving our invoice. Please have available all details of the nature of the dispute and any requested adjustment. The undisputed portion of the invoice is still due upon receipt.
- c. Please contact your Account Manager within 90 days of receipt of your document package if any problems should occur.

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**457(f) Plan Checklist**

**Plan Sponsor**

- 1. Name of Corporate Plan Sponsor: \_\_\_\_\_
- 2. Street Address: \_\_\_\_\_
- 3. Telephone number: ( ) \_\_\_\_\_ 4. Tax ID Number: \_\_\_\_\_
- 5. What type of business entity is the plan sponsor?  Tax Exempt Organization or  An Agency of State or Local Government?
- 6. Plan Number: \_\_\_\_\_
- 7. Are there any additional adopting employers?  Yes  No (skip to Plan Administrator and Trustee Information)
  - A. Name of Additional Adopting Employer \_\_\_\_\_  
Adoption Date \_\_\_\_\_ Tax ID# \_\_\_\_\_
  - B. Name of Additional Adopting Employer \_\_\_\_\_  
Adoption Date \_\_\_\_\_ Tax ID# \_\_\_\_\_
  - C. Name of Additional Adopting Employer \_\_\_\_\_  
Adoption Date \_\_\_\_\_ Tax ID# \_\_\_\_\_

**Plan Administrator and Trustee Information**

- 1. Is the Plan Sponsor also acting as the Plan Administrator?
  - Yes, using Employer's name and address provided above
  - No, use the following name, address and phone number:
    - A. Name of Plan Administrator: \_\_\_\_\_
    - B. Plan Administrator's Address: \_\_\_\_\_
    - C. Telephone number: ( ) \_\_\_\_\_ D. Tax ID Number: \_\_\_\_\_

2. Is the Plan Sponsor also acting as the Plan Trustee?  Yes  No

A. Trustee's Name(s): \_\_\_\_\_

B. Trustee's Address: \_\_\_\_\_

C. Telephone number: ( ) \_\_\_\_\_

D. If there are multiple trustees, how many are required to take action?

- All actions must be by majority vote  
 Actions may be taken by each trustee

### Plan Name

1. What is the name of the plan? \_\_\_\_\_

2. If this is an amended plan, is the original Plan Name the same as the restated Plan?  Yes  No

A. If "No", what was the original name of the Plan? \_\_\_\_\_

3. Do the plan and the plan trust have the same name?  Yes  No

A. If "No", what was the name of the Trust? \_\_\_\_\_

### Effective Date

1. Is this a  New or  Amended Plan?

A. If this is a new Plan, what is the initial Effective Date? \_\_\_\_\_

B. If this is an amended plan, what is the Amendment Date? \_\_\_\_\_

C. If this is an amended plan, what is the Original Effective Date? \_\_\_\_\_

### Fiscal Year and Plan Year

1. The Plan Sponsor's fiscal year begins on \_\_\_\_\_ (date) and ends on \_\_\_\_\_ (date)

2. Is there a short fiscal year?  Yes, beginning on \_\_\_\_\_  No

3. The Plan Year begins on \_\_\_\_\_ (date) and ends on \_\_\_\_\_ (date)

4. If this is a new plan, is there a short plan year?  Yes, beginning on \_\_\_\_\_  No

5. What is the anniversary date?

The first day of the plan year  The last day of the plan year  Other \_\_\_\_\_

### Eligibility Requirements

1. The term "Eligible Employee" includes:

Employees listed in an appendix to the plan document

Officers whose name(s) is/are: \_\_\_\_\_

Management or Highly Compensated Employees whose name(s) is/are: \_\_\_\_\_

Independent Contractors whose name(s) is/are: \_\_\_\_\_

All officers, management and Highly Compensated Employees except: \_\_\_\_\_

2. In order to become an Eligible Employee, an Employee must be approved by:

- the Chief Executive Officer of the Plan Sponsor
- the Chief Executive Officer of the Employee's employing entity
- the Board of the Plan Sponsor
- the Board of the Employee's employing entity
- Other: \_\_\_\_\_

3. Does the plan have an age requirement for eligibility purposes?

- Yes – Age \_\_\_\_\_
- No

4. Does the plan have a service requirement for eligibility purposes?

- No – there is no service requirement for eligibility purposes.
- \_\_\_\_\_ months (*max. 12 months*)
- 1 Year
- Other: \_\_\_\_\_

5. What is the entry date or dates?

- The same date eligibility requirements are met
- First day of the calendar month following the date eligibility requirements, if any, are met
- Annual entry date on the first day of the Plan Year following the date eligibility requirements, if any, are met
- 2 semi-annual entry dates on the first day of the 1st month of the Plan Year and the first day of the 7th month of the Plan Year (Jan. 1<sup>st</sup> and July 1<sup>st</sup> for calendar year plans)
- 2 semi-annual entry dates on the last day of the 6th month of the Plan Year and the last day of the 12th month of the Plan Year (June 30<sup>th</sup> and December 31<sup>st</sup> for calendar year plans)
- 4 quarterly entry dates on the first day of each plan quarter
- 4 quarterly entry dates on the last day of each plan quarter
- Other: \_\_\_\_\_

6. Are non-resident aliens excluded from participating in the Plan?

- No
- Yes

### Retirement Age

1. What is the definition of normal retirement age?

- Attainment of age 65
- Other: \_\_\_\_\_

2. Does the plan have an early retirement age?

- No
- Yes, and the early retirement age is \_\_\_\_\_

3. If the plan permits early retirement, is there a service requirement for early retirement?

- No
- Yes, and the period of required service is \_\_\_\_\_

### Contributions

1. Does the plan provide for deferral of compensation for services performed during the taxable year?

- No
- Yes (*complete A and B below*)

A. If "Yes", when is the election to defer made?

- December 31 for calendar year plans
- Other: \_\_\_\_\_

B. If the plan provides for deferrals for more than one year, does the date to make the deferral election automatically renew?

- Yes
- No

C. If the compensation deferred is for the final payroll period of the year for services performed in the taxable year in which the payroll period ends, should the plan state that such deferral is for:

- The year in which the payroll period ends
- The subsequent year when the payroll is actually paid

2. Are matching contributions permitted?

- No
- Yes, and the matching contribution is totally discretionary
- Yes, and the matching contribution is \_\_\_\_\_% of deferrals
- Yes, and the matching contribution is \_\_\_\_\_% of deferrals up to \_\_\_\_\_% of compensation
- Yes, and the matching contribution is \_\_\_\_\_% of deferrals up to \$ \_\_\_\_\_
- Yes, and the matching contribution formula is \_\_\_\_\_

3. If matching contributions are permitted, are there any requirements that must be met in the applicable Plan Year to receive an allocation of matching contributions?

- No
- Yes: \_\_\_\_\_

4. Are non-elective contributions permitted?

- No
- Yes, and the non-elective contribution is totally discretionary
- Yes, and the non-elective contribution is \_\_\_\_\_% of compensation
- Yes, and the non-elective contribution formula is \_\_\_\_\_

5. If non-elective contributions are permitted, are there any requirements that must be met in the applicable Plan Year to receive an allocation of non-elective contributions?

- No
- Yes: \_\_\_\_\_

### Special Forfeiture Provisions

1. Does the plan provide for special forfeiture provisions?

- No
- Yes

2. If "Yes", what event(s) will result in a complete forfeiture of a portion of the Participant's Account? \_\_\_\_\_  
\_\_\_\_\_

### Distributions

1. Which event(s) constitute a Distributable Event?

- The participant's death
- Disability
- Termination of employment
- Early retirement date
- Normal retirement date

2. Benefits may not commence later than:

- the earlier of the Required Beginning Date or \_\_\_\_\_ years after termination of employment
- the earlier of the Required Beginning Date or Normal Retirement Age
- Required Beginning Date

3. What is the form of payment?

- Lump sum
- Monthly installment payments paid over 10 years (total of 120 installment payments)
- Monthly installment payments paid over 15 years (total of 180 installment payments)
- Joint and 50% Survivor Annuity
- Joint and 75% Survivor Annuity
- Joint and 100% Survivor Annuity
- Other: \_\_\_\_\_

## Other Plan Provisions

1. Does the plan provide for Directed Investment Accounts?

- No  
 Yes

2. A Participant's Accounts are credited with earnings in the following manner:

- Fixed rate of \_\_\_\_\_  
 Predetermined investments specified in an appendix  
 Predetermined investments specified by the Plan Administrator  
 Mid-term applicable federal rate

3. If a Participant's Accounts are credited with earnings by "predetermined investments specified in an appendix", when may a Participant choose among the predetermined investments contained in the appendix?

- NA - a Participant may not choose the predetermined investments  
 A Participant may choose the predetermined investments as of each Valuation Date  
 A Participant may choose the predetermined investments as of the first day of each Plan Year  
 A Participant may choose the predetermined investments pursuant to a procedure promulgated by the Plan Administrator

4. If a Participant's Accounts are credited with earnings by "predetermined investments specified in an appendix", are there conditions and/or limitations imposed on the Participant's right to select the predetermined investments contained in the appendix?

- NA - a Participant may not choose the predetermined investments  
 None - there are no conditions and/or limitations imposed on the Participant's right to select the predetermined investments contained in the appendix  
 Yes, the conditions and/or limitations imposed on the Participant's right to select the predetermined investments contained in the appendix are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. May transfers be made to another plan?

- No  
 Yes

6. If this is a governmental plan, may service credit transfers be made to another defined benefit governmental plan?

- No  
 Yes

7. For benefit accrual purposes, a Participant that dies or becomes disabled while performing qualified military service will be treated as if he had been employed on the day preceding death or disability and Terminated on the day of death or disability?

- No  
 Yes, and the effective date is \_\_\_\_\_ (must be on or after Jan. 1, 2007)

**Mail completed checklist and transmittal to:**

Erisafile Inc.  
PO Box 1990  
Titusville, FL 32781

**Fax completed checklist and transmittal to:**

Fax number: (321) 747-0350

For questions, please call or email:

Email: [sales@erisafile.com](mailto:sales@erisafile.com)

Phone: (321) 567-4044

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