Erisafile Inc.

Governmental Money Purchase Plan Checklist / Transmittal Form

To order document, complete the checklist below and return completed checklist and payment to Erisafile Inc. at sales@erisafile.com or P.O. Box 1990, Titusville, FL 32781.

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

<u>Plan Sponsor</u>				
I. Name of Employer:				
2. Street Address:				
3. Telephone number: () 4. Tax ID Number:				
5. Plan Number:				
6. Name of Plan Administrator (if Employer is not the Plan Administrator):				
<u>Plan Name</u>				
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				

$\underline{\textbf{Eligibility Requirements}}$

1.	The following group or groups of Employees are eligible to participate in the Plan:
	All Employees All full-time Employees, as defined by Employer job status codes Any permanent part-time employee working hours per week Any seasonal, temporary or similar part-time employee Salaried Employees Non-union Employees Management Employees Public Safety Employees Any elected or appointed official (see note 1 below) Any employees in the following class(es) of employees:
	(Note: the class(es) of employees specified above must correspond to a group of the same designation that is defined in the statutes, ordinances, rules, regulations, personnel manuals or other material in effect in the state or locality of the Employer.)
	(Note 1: Elected and appointed officials are not treated as Employees and will not be treated as Employees and will not be eligible to participate in the Plan, without regard to whether they are treated as common-law employees or independent contractors for other purposes, unless the box above is checked to specifically include them as eligible Employees.)
2.	Each Employee will be eligible to participate in the Plan except the following:
	 ☐ Employees who have not attained the age of (not to exceed 21); ☐ Employees who have not completed Years of Service during the Eligibility Computation Period;
	Employees who do not satisfy the eligibility requirements contains in an appendix attached to the plan document.
3.	Is service with a predecessor employer counted as service with this Employer? No – service with any predecessor employers will not be counted for any purposes under the Plan or there are no predecessor employers;
	Yes – Service with the following employers will be counted under the Plan:
	for the following purposes (check each box that applies): ☐ eligibility
	vesting
	allocation of Employer Contributions
4.	Hours of Service. How are Hours of Service determined? On the basis of actual hours for which an Employee is paid or entitled to payment; On the basis of days worked with an Employee credited with ten (10) Hours of Service for each day that the Employee would otherwise be credited with one (1) or more Hours of Service; On the basis of weeks worked with an Employee credited with forty-five (45) Hours of Service for each week that the Employee would otherwise be credited with one (1) or more Hours of Service; On the basis of months worked with an Employee credited with one hundred-ninety (190) Hours of Service for each month that the Employee would otherwise be credited with one (1) or more Hours of Service.
5.	Years of Service for Eligibility and Vesting will mean a twelve (12) consecutive month period during which the Employee completes: at least one (1) Hour of Service; at least 1,000 Hours of Service at least consecutive months of service Other:
6.	What is the entry date or dates? The same date eligibility requirements, if any, are met; First day of each payroll period following the date eligibility requirements, if any, are met; First day of the calendar month following the date eligibility requirements, if any, are met; 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. 1st and July 1st for calendar year plans) following the date eligibility requirements, if any, are met; 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 30th and December 31st for calendar year plans) following the date eligibility requirements, if any, are met; 4 quarterly entry dates on the first day of each plan quarter following the date eligibility requirements, if any, are met; Other:

7.	. Are non-resident aliens excluded from participating in the Plan? ☐ No ☐ Yes
	<u>Compensation</u>
1.	Compensation means: 3401(a) compensation; Form W-2 compensation; section 415 compensation; Other:
2.	Compensation excludes: Overtime Bonuses Commissions Other:
3.	. Compensation will be determined on the basis of the: ☐ Plan Year ☐ Calendar year
	. First Year Compensation. For purposes of determining Compensation on the basis of which Employer Contributions will be allocated or a Participant's first year of participation, the Participant's Compensation shall be his Compensation for the period commencing: ☐ as of the first day of the Plan Year or calendar year (whichever was selected in question 3 above) ☐ as of the first day the Employee becomes a Participant
	Retirement Age
1.	. What is the definition of normal retirement age? Attainment of age 65; The later of age, or the Participant's age upon completion of Years of Service; Effective Nov. 1, 2006, the date on which the sum of the Participant's age and Years of Service for vesting purposes is 65, but in no event earlier than the date on which the Participant attains age 55 or, if earlier, in the case of a Participant whose termination of employment is considered a retirement under the defined benefit plan in which the Participant participates, the date of such termination. Other:
2.	Does the plan have an early retirement age? No Yes, and the early retirement age is, or the Participant's age upon completion of Years of Service
3.	. If the plan permits early retirement, is there a service requirement for early retirement? ☐ No ☐ Yes, and the period of required service is
	<u>Contributions</u>
1.	. What is the contribution formula?
	A% of Compensation of Participants for the Plan Year;
	☐ B. a percentage of Compensation pursuant to an appendix attached to the plan document;
	 C. a contribution matching the Participant's contribution to the Employer's §457(b) plan, as follows (specify rate of match and time of allocation (e.g. payroll by payroll, monthly, last day of Plan Year))
	 □ D. Fixed Employer Contributions with or without mandatory Participant Contributions. The Employer will contribute % of Earnings or
	for the Plan Year on behalf of each Participant. Mandatory Participant Contributions are required to be eligible for this Employer Contribution are not required to be eligible for this Employer Contribution

	☐ E. Mandatory Participant Contributions for Plan Participation. Is a Participant required to contribute:☐
	a whole percentage of Earnings between the range of
	Does the Employer elect to "pick up" the Mandatory Participant Contribution? Yes No
	 □ F. Fixed Employer Match of Voluntary Participant Contributions. What percentage of Earnings will the Employer contribute on behalf of each Participant for the Plan Year? □% of Earnings for each Plan Year that such Participant has contributed% of Earnings □% of Earnings for each Plan Year that such Participant has contributed \$ □ Other:
	(Note: Under this option, there is a single, fixed rate of Employer contributions, but a Participant may decline to make the required Participant contributions in any Plan Year, in which case no Employer contribution will be made on the Participant's behalf in that Plan Year.)
	 ☐ G. Variable Employer Match of Voluntary Participant Contributions. The Employer will contribute on behalf of each Participant an amount determined as follows: ☐ % of Voluntary Participant Contributions made by the Participant for the Plan Year (not including Participant contributions exceeding % or \$);
	PLUS% of the contributions made by the Participant for the Plan Year in excess of those included in the above paragraph (but not including Voluntary Participant Contributions exceeding in the aggregate% of Earnings or \$).
	Employer Matching Contributions on behalf of a Participant for a Plan Year will not exceed \$ or % of Earnings, whichever is
	☐ more ☐ less
	☐ H. Other:
2. Car	n each Participant make a voluntary (unmatched), after tax contribution? ☐ Yes ☐ No
3. Em	ployer contributions will be contributed to the Trust according to the following schedule:
4. Par	ticipant contributions will be contributed to the Trust according to the following schedule:
5. Are	rollover contributions permitted? (check all that apply) Yes, from eligible Code §457(b) plans; Yes, from plans qualified under Code §§401(a), 403(a) and 403(b) plans; Yes, from Individual Retirement Accounts and Annuities described in Code §§408(a) and (b); No
6. If ro	ollovers are permitted, are in-service distributions of the Rollover Account permitted? ☐ Yes ☐ No
7. Are	transfers from plans qualified under Code §401(a) permitted? Yes No

Allocation of Contributions and Forfeitures

1. Must	a Participant be employed on the last day of the Plan Year to receive an allocation of Employer Contributions for the Plan Year?
	□ No
	locations of Employer Contributions made to Accounts of Participants who terminate employment before the last day of the Plan to? (check each box that applies) death; Disability; retirement on or after Early Retirement Age;
	retirement on or after Normal Retirement Age;
	 other Severance of Employment; other Severance of Employment, provided that the Participant is credited with a Year of Service for the Plan Year. For this purpose, a Participant shall be credited with one (1) Year of Service for the Plan Year if the Participant completes at least Hour(s) of Service during the Plan Year.
3. Forfei	tures will be: reallocated to Participants in the same manner as the Employer Contribution is allocated;
	used first to offset Plan expenses and then reallocated to Participants in the same manner as the Employer Contribution is allocated;
	 □ used first to offset Plan expenses, then to reduce the Employer's Employer Contribution and then reallocated to Participants in the same manner as the Employer Contribution is allocated; □ used first to reduce the Employer's Employer Contribution, then to offset Plan expenses; □ Not Applicable – all contributions are 100% vested immediately;
	Vesting
	C
1. What	is the vesting schedule? ☐ 100% Full and immediate vesting ☐ Vesting is determined according to the following vesting schedule:
	Year 1:%
	Year 2:%
	Year 3:% Year 4:%
	Year 5:
	Year 6:%
	Year 7:%
	☐ Vesting is determined according to the vesting schedule contained another plan. The name of the plan is:
2. Does	_ •
	☐ No ☐ Yes
3. Does	the plan grant full vesting to an employee who is not fully vested when their employment terminates due to death? No Yes
4. Does	the plan grant full vesting to an employee who is not fully vested when their employment terminates due to Disability? No Yes
5. For V	esting purposes, is a Participant's Years of Service calculated using? ☐ the Plan Year;
	the 12-consecutive month period beginning on the Employee's Employment Commencement Date and each anniversary thereafter.
	<u>Distributions</u>
	forms of payment are permitted to the extent consistent with the limitations of Internal Revenue Code §401(a)(9) and proposed or asury Regulations thereunder?
	 □ a single lump-sum payment; □ installment payments for a period of years; □ partial lump-sum payment of a designated amount, with the balance payable in installment payments for a period of years;
	The parties fame being be under the disconnection of the parties o

	the F	ity payments (payable on a monthly, quarterly, or annual basis) for the lifetime of the Participant or for the lifetimes of Participant and Beneficiary; other forms of installment payments as may be approved by the Employer;
2. Does	he Plan	permit a Deemed Traditional IRA? - effective The trustee or custodian of the deemed traditional IRA is (name of bank, trust company or approved nonbank custodian)
	☐ No.	
3. Does	he Plan Yes -	permit a Deemed Roth IRA? - effective The trustee or custodian of the deemed Roth IRA is (name of bank, trust company or approved nonbank custodian)
	☐ No.	
4. Are aç	e 70-1/2 Yes No	in-service distributions permitted?
5. Are di	stribution Yes No	ns pursuant to a Qualified Domestic Relations Order (QDRO) permitted?
		Custody of Assets
	Trus be st in a t name in on in a c trust	rust where the Employer or certain employees (or holders of certain positions with the Employer) are named as tees. If certain employees or holders of certain positions with the Employer are named as Trustees, their names should ated in an appendix attached to the plan document. rust pursuant to a separate written trust agreement entered into between the Employer and the bank or trust company ed in the trustee appointment attached as an appendix to the plan document. e or more annuity contracts meeting the requirements of Internal Revenue Code §401(f) sustodial account meeting the requirements of Code §401(f), pursuant to a separate written agreement with the bank, company or other qualified entity named in the appointment of custodian attached as an appendix to the plan iment.
		Other Plan Provisions
1. Disabi	the ir impa of Interpretation	mean: nability to engage in any substantial gainful activity by reason of a medically determinable physical or mental irment which can be expected to result in death or to be of long-continued and indefinite duration, within the meaning ternal Revenue Code §72(m)(3). ness or injury of a potentially permanent nature, expected to last for a continuous period of not less than 12 months, fied by a physician selected by or satisfactory to the Employer which prevents the Employee from engaging in any pation for wage or profit for which the Employee is reasonably fitted by training, education or experience; ness or injury of a potentially permanent nature, expected to last for a continuous period of not less than 12 months, fied by a physician selected by or satisfactory to the Employer which prevents the Employer from engaging in his or her pation; T:
2. Are lo	ans perm ☐ Yes ☐ No	nitted?
	enefit acc	crual purposes, a Participant that dies or becomes disabled while performing qualified military service will be treated as
if he had	□ No	ployed on the day preceding death or disability and Terminated on the day of death or disability? and the effective date is (must be on or after Jan. 1, 2007)
		,

Checklist completed by	
Telephone No. ()	Email Address
• , ,	
If unavailable, individual to contact:	
Telephone No. ()	Email Address

Disclaimer:

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