

## 401(k) Profit Sharing & Defined Benefit Proposal Request & Plan Sponsor Application

Company Name: \_\_\_\_\_  
(legal)

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's phone #: \_\_\_\_\_ . Contact's E-mail address: \_\_\_\_\_

Form of Business  C-Corp.  S-Corp.  LLC  Partnership  LLP  Sole Proprietorship  Other \_\_\_\_\_

**IMPORTANT** Please complete all that apply. Complete Questions 1-4 for all proposals, as well as, Plan Documents; complete Questions 5-6 if there is an existing Retirement Plan; Questions 7-9 if there is an existing VEBA or 419(e) Plan. (Proposals – don't forget to provide a plan design wish list).

1. Federal Tax ID number \_\_\_\_\_ 2. Fiscal Year: \_\_\_\_\_

3. Current Census – complete & attach

4. Existing Retirement Plan (Pension, Profit Sharing, 401(k), Money Purchase Plan) \_\_\_\_\_  
Yes/No

If Yes:

5. Effective Date of existing Retirement Plan (if yes): \_\_\_\_\_

6. Existing Retirement Plan - the following must be provided:

- \_\_\_ a) Plan Document
- \_\_\_ b) Adoption Agreement
- \_\_\_ c) Summary Plan Description (SPD)
- \_\_\_ d) the latest 5500, and, if restated, account information.

7. Existing VEBA or 419(e) Plan \_\_\_\_\_  
Yes/No

If Yes:

8. Effective Date of existing VEBA or 419(e) Plan (if yes): \_\_\_\_\_

9. Existing VEBA or 419(e) - the following must be provided:

- \_\_\_ a) Plan Document
- \_\_\_ b) Adoption Agreement
- \_\_\_ c) Summary Plan Description (SPD)
- \_\_\_ d) the latest 5500, actuarial valuation and, if restated, account information.

Complete & Sign for Plan Documentation and/or Administrative Services Only:

The undersigned agree to engage the firm of Fox & Lalonde aka Fox & Fox to document and to provide annual administrative services for the proposed Retirement and/or Welfare Benefit Plan and to provide documentation and annual administration, as needed, to any existing plan(s) of the Plan Sponsor. A nonrefundable deposit of \$1,750.00 per VEBA or \$1250.00 per 419(e) Plan and \$2,500.00 per Retirement Plan (\$1,500.00 Standardized Profit Sharing) shall accompany this executed application and shall be applied toward the set-up and documentation fees of the requisite plan(s). Set-up and Annual Administrative Fees are agreed to as per the attached schedule and are to be billed and paid as incurred.

Authorized Company Officer's Name (please print or type): \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Fox & Lalonde

7082 N. Maple Ave. Suite #104, Fresno, CA. 93720

Email to: [johnl@foxnlalonde.com](mailto:johnl@foxnlalonde.com) or [brucef@foxnlalonde.com](mailto:brucef@foxnlalonde.com)

Fax: 559-797-1100 Phone: 559-797-1000