

VEBA & 419(e) Welfare 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 Defined Contribution 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 Defined Contribution (Profit Sharing, 401(k), Money Purchase Plan) _____
Yes/No

If Yes:

5. Effective Date of existing Defined Contribution Plan (if yes): _____

6. Existing Defined Contribution - 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): _____

NOTE: Provide all information requested in #6 above that relates to the existing VEBA or 419(e) Plan

9. Plan Benefits: limited to the benefits selected below 10. Desired Plan Contribution \$ _____
Tax deductible

- | | |
|--|---|
| <input type="checkbox"/> Pre-Retirement Death | <input type="checkbox"/> Accidental Death & Dismemberment |
| <input type="checkbox"/> Temporary Disability | <input type="checkbox"/> Permanent Total Disability |
| <input type="checkbox"/> Long Term Care | |
| <input type="checkbox"/> Post-Retirement Death | <input type="checkbox"/> Post-Retirement Medical * |

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

The undersigned agree to engage the firm of Fox & Lalonde to document and to provide annual administrative services for the proposed VEBA or 419(e) Welfare Benefit Plan and to provide documentation and annual administration, as needed, to any existing defined contribution or VEBA/419(e) plan(s) of the Plan Sponsor. A nonrefundable deposit of \$1,750.00 per VEBA or \$1250.00 per 419(e) Plan and \$2,000.00 per Defined Contribution Plan 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: ____ / ____ / ____