



# VALLEY PENSION SERVICES, INC.

Client # \_\_\_\_\_

Name of Employer \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Name of Plan: \_\_\_\_\_ Plan No. \_\_\_\_\_

Effective Date of Plan \_\_\_\_\_ Effective Restatement Date \_\_\_\_\_

Name of Trust \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Year-End Date \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Trust # \_\_\_\_\_

Nature of Business \_\_\_\_\_ Business Code \_\_\_\_\_

Type of Entity: ( ) Corporation (tax exempt or Non-Profit) ( ) Sole Proprietor ( ) S-Corporation ( ) Partnership

( ) Professional Service Corp or a LLC that is taxed as: ( ) a Partnership or Sole Prop., ( ) a Corp or ( ) an S-Corp

President \_\_\_\_\_ Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Trustees \_\_\_\_\_

Board of Directors \_\_\_\_\_

Stockholders \_\_\_\_\_ % Owned \_\_\_\_\_

\_\_\_\_\_ % Owned \_\_\_\_\_

Accountant \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Accountant Address \_\_\_\_\_ Email: \_\_\_\_\_

Investment Advisor Name & Company \_\_\_\_\_

Investment Co. Address \_\_\_\_\_

Investment Co. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please list other companies owned by the owners/stockholders along with percentage of ownership:

\_\_\_\_\_

\_\_\_\_\_

Note: Payroll Period Frequency: \_\_\_\_\_

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[www.valleypension.com](http://www.valleypension.com)

VPS Office Use Only Checklist: ( ) Admin. ( ) Accounting Safe Harbor Plan: ( ) Yes ( ) No



# VALLEY PENSION SERVICES, INC.

## EZ Start 401(K) Setup Form

Client Name: \_\_\_\_\_

**Eligibility:**

Age \_\_\_\_ (no more than 21) Year of service \_\_\_\_ (normally one (1)) or \_\_\_\_ months of employment

Safe Harbor Selection – **Choose One** – See Attached Safe Harbor Explanation for Details.

- Basic Match** (Employer is required to contribute 100% of employee deferrals up to 3% of pay, plus 50% of deferrals from 3 to 5% of pay)
- Enhanced Match** (Employer is required to contribute 100% of salary deferrals for the entire year that do not exceed 4%-6% of the participants total compensation)
- Safe Harbor 3% Profit Sharing Contribution** (Upon notice, the Employer may make an Employer Profit Sharing Contribution in an amount equal to 3% of the participants total compensation)

**Plan Options:**

Hardship distributions allowed from employee deferrals only. ( ) yes ( ) no

Loans are allowed ( ) yes ( ) no

Participants to be responsible for distribution fees ( ) yes ( ) no

In-Service Distributions: \_\_\_\_\_ ( ) yes ( ) no

**Additional Fees apply for options selected in this section:**

Roth 401(k) ( ) yes ( ) no

Automatic Deferral Election: \_\_\_\_\_ ( ) yes ( ) no

Rate Group (Designated Allocation Groups): \_\_\_\_\_ ( ) yes ( ) no

**Return this form along with the Client Information Sheet to the following:**

**Valley Pension Services, Inc.**  
301 Banner Court, Suite 3, Modesto, CA 95356  
(209) 572-7410 Phone / (209) 572-7411 Fax  
[www.valleypension.com](http://www.valleypension.com)