

Re: Forms for Installing a New Defined Benefit Plan

The attached package will enable you to install a defined benefit pension plan at the same time as you present the proposal to the prospect. This will save you time and expense and help us to better serve you throughout the year.

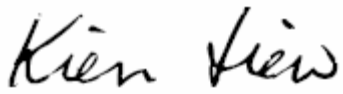
At the time of presenting the proposal to your client you can, if appropriate, close by completing the attached forms during your meeting. The steps are:

1. **Complete** information Pages 1-2,
2. Have client **sign appropriate Resolution**: Page 3 if a corporation, or Page 4 if a Sole Proprietor,
3. If you have previously completed the Proposal Request Form, please **verify the information** with the client and **attach a copy**. If it has not been completed, **complete** page 5, and
4. **Return these 5 pages** to us along with **your check** for document preparation.

We will follow up by emailing the complete document package to you for delivery to the new client.

Please let me know if you have any questions.

Sincerely,



Kien Liew, EA, ASA, MAAA
Consulting Actuary

**Defined Benefit Plan
Data Request for New Plan**

In order to implement your new plan, please return:

1. the information requested below, which is necessary to complete the plan document (pp 1-2)
2. the appropriate executed signature pages (p. 3, plus p. 4 if a corp. or p. 5 if a sole-prop.)
3. check for the plan installation fee.

Please complete or correct the information below:

Employer (Sponsor) Name:

Street Address:

City:

State:

Zip:

County:

Telephone: () -

Fax: () -

Email Address:

Website:

**Employer Identification Number
(EIN):**

Plan No (PN):

**Industry Code for IRS forms:
(or description of business/industry)**

Plan Name:

Plan Effective Date:

Plan Year End:

Trust Identification Number:

Names of Trustees:

Person to Sign for Employer:

Title:

**Defined Benefit Plan
Data Request for New Plan**

Additional Questions

1. Provide a current list of the officers, shareholders, owners, or partners, and their percentage of company ownership. Also list their family members who are plan participants.

Name	Title/Relationship	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does any owner of this Company own any part of another sole proprietor, partnership or corporation? **Yes** (provide details) / **No**
3. Does the Company receive or provide services or products exclusively from, to, or with another company? **Yes** (provide details) / **No**
4. Are any employees part of a Collective Bargaining Unit? **Yes / No**
If yes, have retirement benefits been the subject of good-faith bargaining? **Yes / No**
5. Does the company have leased employees? **Yes** (provide details) / **No**
6. Should the plan be set up to accept rollovers from the following? (circle all that are desired):
Other Retirement Plans / 403(b) Plans / 457(b) Plans / IRAs / None-rollovers are not accepted
7. Should the plan permit participant loans? **Yes / No**
Note: beginning January 1, 2002, *sole-proprietors and S-Corp. shareholders may for the first time take loans from plans* (along with the rest of the employees) if the plan permits
8. Should the plan permit the purchase of life insurance? **Yes / No; Maximum / Other:** _____
9. Please indicate any other considerations:

The information reported in this form (including attached schedule, if any) Was prepared and/or reviewed by the undersigned and is believed to be complete and accurate.

_____	_____	_____
Signed	Title	Date

**RESOLUTION OF
THE BOARD OF DIRECTORS
OF**

On ___/___/___ the following resolutions to adopt the _____ Defined Benefit Plan and the _____ Defined Benefit Trust were duly adopted by unanimous consent in lieu of a meeting of the board of directors of _____ and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Plan presented to this meeting is a Defined Benefit Pension Plan as authorized under Internal Revenue Code Sections 401(a) and 501(a);

RESOLVED, that the _____ Defined Benefit Plan and the _____ Defined Benefit Trust presented to this meeting are hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more counterparts of the Plan.

RESOLVED, that, for purposes of the limitations on contributions and benefits under the Plan as prescribed by Internal Revenue Code Section 415, the Limitation Year shall be for a 12 month period beginning on January 1st to December 31st of each year.

RESOLVED, that, prior to the due date (including extensions) of the Employer's federal income tax return for each of its fiscal years hereafter, the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Defined Benefit Plan for each such fiscal year in such amount as the board of directors determine. The Treasurer of the Corporation is empowered and directed to pay such contribution to the Trustee of the Plan in cash or property, in accordance with the terms of the Plan Document and shall notify the Plan Administrator as to which fiscal year said contributions shall be applied.

RESOLVED, that the proper officers of the Employer shall act as soon as possible to notify employees of the Employer of the adoption of the Plan and Trust by delivering to each employee a copy of the summary plan description of the Plan in the form of the Summary Plan Description presented to this meeting, which form is hereby approved.

RESOLVED, that the attached amendment to meet the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) presented to this meeting is hereby approved for adoption;

RESOLVED, that the proper officers of the Employer shall take such actions as are necessary to adopt the EGTRRA amendment.

The undersigned further certifies that attached hereto as Exhibits A, B, and C respectively are true copies of the _____ Defined Benefit Plan and the _____ Defined Benefit Trust Document, Summary Plan Description, EGTRRA Amendment approved and adopted in the above resolutions.

Secretary

Date

**RESOLUTION OF
THE SOLE PROPRIETOR
OF**

On ___/___/___ the following resolutions to adopt the _____ Defined Benefit Plan and the _____ Defined Benefit Trust were duly adopted by _____, the sole owner of _____, a Sole Proprietorship formed under the laws of the State of Texas and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Plan presented to this meeting is a Defined Benefit Pension Plan as authorized under Internal Revenue Code Sections 401(a) and 501(a);

RESOLVED, that the _____ Defined Benefit Plan and the _____ Defined Benefit Trust presented to this meeting are hereby adopted and approved by the sole proprietor.

RESOLVED, that, for purposes of the limitations on contributions and benefits under the Plan as prescribed by Internal Revenue Code Section 415, the Limitation Year shall be for a 12 month period beginning on January 1st to December 31st of each year.

RESOLVED, that, prior to the due date (including extensions) of the Employer's federal income tax return for each of its fiscal years hereafter, the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Defined Benefit Plan for each such fiscal year in such amount as the Employer determines. The Employer shall pay such contribution to the Trustee of the Plan in cash or property, in accordance with the terms of the Plan Document and shall notify the Plan Administrator as to which fiscal year said contributions shall be applied.

RESOLVED, the Employer shall act as soon as possible to notify employees of the Employer of the adoption of the Plan and Trust by delivering to each employee a copy of the summary plan description of the Plan in the form of the Summary Plan Description presented to this meeting, which form is hereby approved.

RESOLVED, that the attached amendment to meet the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) presented to this meeting is hereby approved for adoption;

RESOLVED, the Employer shall take such actions as are necessary to adopt the EGTRRA amendment.

The undersigned further certifies that attached hereto as Exhibits A, B, and C respectively are true copies of the _____ Defined Benefit Plan and the _____ Defined Benefit Trust Document, Summary Plan Description, EGTRRA Amendment approved and adopted in the above resolutions.

Proprietor

Date

Defined Benefit Plan Proposal Request Form

Name of Employer (Sponsor): _____

Type of Entity (Circle one item): Corporation; S-Corp; Sole Proprietor; Partnership;
Public School; Government; Other: _____

Employer Fiscal Year End: ____ / ____
MM DD

Date Business Began: ____ / ____ / ____
YYYY MM DD

Census

Name of Employee	Social Security #	DOB	DOH	DOT	Hours	Compensation
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					

Current Retirement Plans (Please Provide Info on you Current Plans)

Name of Plan	Type of Plan (Circle One)	Plan Number	Annual Contribution by Employer
	DB / DC		
	DB / DC		
	DB / DC		

Annual Contribution Goal (Amount) for New Plan: \$ _____

Signed By _____

Date _____

Return to: PensionBenefits, Inc.
700 E. Park Blvd., Suite 108
Plano, TX 75074

Phone No: (972) 424-2230

Fax No: (972) 424-3039

Email: actuary@pensionbenefits.com