

EZ B Plan™ Conversion Set-up Form

Overview

Introduction	<p><u>This set-up form is used to collect information necessary to convert an existing plan.</u></p> <p>If your company does not have an existing plan and you want to set one up with The EZ B Plan™ – use the New EZ B Plan™ set-up Form.</p>
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Financial Advisor Information:	Name of Firm: _____
	Name of Financial Advisor: _____
	Mailing Address: _____
	City, State, Zip Code: _____
	Telephone: _____
	Fax: _____
	Email: _____

Commission Disbursement Information:	Name of Financial Advisor: _____
	NSCC Information: Dealer Number: _____
	Method of Payment: By Mail Direct Deposit (ACH)
	If by mail please provide address (if different than address giving above):
	Street Address: _____
	City, State: _____
	Zip Code: _____
	If by direct deposit (ACH) please provide Banking instructions:
	Bank Name: ABA/ _____
	Routing #: _____
Account Number: _____	
Type of Account: Checking Savings	
Name on Account: _____	

Advisors Signature:

_____ Name

_____ Date

How do I learn more? Plan sponsors and financial advisors are encouraged to speak with anEZ B Plan™ representative.

Visit: www.ezbplan.com

Call: **877-254-7085**

E-mail: EZB@Revzonconsulting.com

Fax: **781-343-0757**

Please complete the **EZ B Plan™** New Set-up Form in its entirety:

Company Name:	
Plan Name:	
Contact Person:	
Title:	
Phone:	
Fax:	
E-mail:	
Company Street Address:	
City:	
State:	
Zip:	
Company Mail Address: <i>(if different from above)</i>	
Federal ID Number:	
Date Business Commenced:	
Business Code: <i>(as used on Form 5500; 6 digit NAICS)</i>	
State of Legal Construction:	
Employer Fiscal Year:	
Billing: <i>(who Are the Fees Billed to)</i>	Plan, Prorata by Account Value Sponsor
Enrollment:	<p>Online Manual</p> <p>If yes to Manual Enrollment, please select option preferred: (see Shedule B for Option Fees*)</p> <p>*Option 1 - Enrollment Guide Option 2 - Enrollment Forms</p>

Type of Entity:	C Corporation	Professional Service Corporation
	S Corporation	Sole Proprietorship Partnership
	Limited Liability Company taxed as (<i>check one</i>)	
	Partnership or Sole Proprietorship Corporation	
	S Corporation	
Other _____		

Is your company a member of a controlled group?	Yes	No	Unsure
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Is your company a member of an affiliated service group?	Yes	No	Unsure
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Do You Use a Payroll Service?	Yes	No
Service Used:		
Payroll Contact Name:		
Title :		
Email:		
Phone:		
Number of full-time employees on payroll:		
Frequency and Number of payrolls:	<u>Frequency</u>	<u>Number</u>
	Weekly	_____
	Bi-Weekly	_____
	Semi-Monthly	_____
	Monthly	_____
	Other	_____

Plan Administrator:	Please name your company's plan administrator. This is the person who has been handling any plan related matters and interacting with employees:
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Our in-house administrator is:		Our outside firm administrator is:	
		Firm:	
Name:		Name:	
Title:		Title:	
E-mail:		E-mail:	
Phone:		Phone:	

Will the same person and/or firm serve as Plan Administrator for the converted plan? Yes No, if no please complete the following:

Our in-house administrator is:		Our outside firm administrator is:	
		Firm:	
Name:		Name:	
Title:		Title:	
E-mail:		E-mail:	
Phone:		Phone:	

Plan Trustee(s):	Who currently serves as the Plan Trustee?	Officers of the Company
Trustee 1		Trustee 2
Name:		Name:
Title:		Title:
E-mail:		E-mail:
Phone:		Phone:
Trustee 3		Trustee 4
Name:		Name:
Title:		Title:
E-mail:		E-mail:
Phone:		Phone:
Corporate Trustee (Bank or Trust Company)		
Bank:		
Contact:		
Title:		
Phone:		
E-Mail:		
Street Address:		
City, State, Zip:		

Will the same person and/or firm serve as Trustee for the converted plan? Yes No, if no please complete the following: Our Trustee(s) will be the following Corporate Officers:			
Trustee 1		Trustee 2	
Name:		Name:	
Title:		Title:	
E-mail:		E-mail:	
Phone:		Phone:	
Trustee 3		Trustee 4	
Name:		Name:	
Title:		Title:	
E-mail:		E-mail:	
Phone:		Phone:	
Corporate Trustee (Bank or Trust Company)			
Bank:			
Contact:			
Title:			
Phone:			
E-Mail:			
Street Address:			
City, State, Zip:			

Fidelity Bond:	<p>ERISA section 412 and related regulations (29 C.F.R. § 2550.412-1 and 29 C.F.R. Part 2580) generally require that every fiduciary of an employee benefit plan and every person who handles funds or other property of such a plan shall be bonded. ERISA’s bonding requirements are intended to protect employee benefit plans from risk of loss due to fraud or dishonesty on the part of persons who ”handle” plan funds or other property. ERISA refers to persons who handle funds or other property of an employee benefit plan as “plan officials.” A plan official must be bonded for at least 10% of the amount of funds he or she handles, subject to a minimum bond amount of \$1,000 per plan with respect to which the plan official has handling functions. In most instances, the maximum bond amount that can be required under ERISA with respect to any one plan official is \$500,000 per plan. Effective for plan years beginning on or after January 1, 2008, however, the maximum required bond amount is \$1,000,000 for plan officials of plans that hold employer securities.(1)</p> <p>Please state amount of Fidelity Bond Held: \$ _____</p>
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