

The Revzon Consulting Group

New Solo 401(k) Plan Set-Up Form

Employer Information	<p>Plan Name _____</p> <p>Contact Person _____</p> <p>Mailing Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone _____ Fax _____</p> <p>Email Address _____</p> <p>Type of Business:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Other _____ </p> <p>Employer's Federal Tax Identification Number _____</p> <p>Plan Sequence Number _____ 6-Digit Business Code _____</p> <p>Adopting Employer's Fiscal Year (month & day) _____</p> <p>Business Start Date: _____</p> <p>Company Name: _____</p> <p>State of Legal Construction: _____</p>
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Plan Information	<p>Effective Date _____ (The effective date is usually the first day of the Plan Year in which this plan is adopted)</p> <p>Plan year _____</p> <p>Age Requirement for Eligibility _____ (no more than 21)</p> <p>Years of Service for Eligibility _____ (enter 0,1 or any fraction less than 1)</p> <p>NOTE: If either Age or Years is left blank, it shall be deemed that there are no age and years of service requirements.</p> <p>An employee employed as of the Effective Date of this Plan who has not otherwise met the requirements of Age and Years of Services will be considered to have met those requirements as of the Effective Date Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you want to allow for:</p> <p style="padding-left: 40px;">Hardship withdrawals Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 40px;">In-service withdrawals at age 59 ½ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 40px;">Loans Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Custodian of plan assets will be:</p> <p>Trustee of the plan will be:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Individual (usually yourself)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Financial Organization: _____</p> <p style="padding-left: 40px;">Contact : _____</p> <p style="padding-left: 40px;">Title: _____</p> <p style="padding-left: 40px;">Email: _____</p> <p style="padding-left: 40px;">Phone: _____</p>
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Financial Advisor Information	Name of Firm _____
	Name of Financial Advisor _____
	Mailing Address _____
	City, State, Zip Code _____
	Telephone _____ Fax _____
	Email Address _____
	<input type="checkbox"/> I would like my financial advisor to receive copies of the company reports