

403(b) Plan Administration Questionnaire

Please answer all questions and submit all information requested. The responses to these questions will be reflected in the written Plan document and the Administrative Services Agreement established for your Plan.

Employer Information

Legal Name of Employer:		Federal Tax ID #:
Employer Address: (street, city, state, and zip)		
Employer Phone Number: (with area code)	Employer Fax Number: (with area code)	
Employer Email Address:	Employer Contact Person:	
Contact Phone Number: (including extension)	Contact Email Address: (if different than Employer)	
Type of Organization: <input type="checkbox"/> K-12 Public School <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other If other, please specify:		
Classification: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Related Employer(s) If related Employer(s), please specify:		

Plan Information

Name of Plan: _____ 403(b) Plan

Written Plan Status:

- ☐ New (Initial 403(b) Plan established by the Employer) Requested Effective Date: _____
- ☐ Existing 403(b) Plan Original Plan Effective Date: _____

Plan Year: (Calendar year will be the default selection unless indicated otherwise)

- ☐ Calendar year (January 1 through December 31)
- ☐ A consecutive 12-month period commencing on _____ and each anniversary thereafter

Type of Plan:

- ☐ A governmental Plan within the meaning of section 414(d) of the Internal Revenue Code (IRC) sponsored by a Public School.
- ☐ A governmental Plan, within the meaning of IRC section 414(d), sponsored by a state, or any agency or instrumentality of a state for its public school employees

Plan Eligibility

☐ All employees are immediately eligible to make elective deferral contributions under the Plan.*

Employee Plan Entry Dates:

☐ Anytime during the Plan year

☐ Other: _____

Plan Excludes

The Plan shall exclude the following from eligibility to make elective deferral contributions under the Plan:

- ☐ Employees eligible to participate under another section 403(b) Plan of the Employer.
- ☐ Employees eligible to participate under a section 457(b) Plan of the Employer.
- ☐ Employees eligible to make a cash or deferral election under a section 401(k) Plan of the Employer.
- ☐ Employees who are students performing services described in section 3121(b)(10) of the IRC.
- ☐ Employees who normally work fewer than _____ hours per week (not to exceed 20). The equivalent of 20 hours per week is approximately 1,000 hours or less in a 12-month period.**
- ☐ Employees who are non-resident aliens described in section 410(b)(3)(C) of the IRC.

**The inclusion of all Employees, including part-time and substitutes, will prevent an inadvertent violation of the eligibility requirements of the IRC and its regulations.*

***If the Employer opts to not allow employees working 20 hours or less per week to participate, the Employer must perform two eligibility tests with the first occurring at the time of employment. If the Employer expects the employee to work less than 1,000 hours during the next 12-month period, the employee may be excluded from participation in the Plan. The second test occurs each year at the employment anniversary. If the employee works 1,000 hours or more during the prior 12 months, they must be eligible for the Plan during the next year. If the employee does not work 1,000 hours or more during the prior 12 months, they are not eligible for participation.*

Contributions

Limits on Elective Deferrals

The maximum amount of elective deferrals per calendar year shall not exceed the applicable dollar amount established under IRC Section 402(g)(1)(B). It will be adjusted for cost of living to the extent provided under Section 402(g)(4) for periods after the 2016 tax year.

In addition to the annual 402(g) contribution limit, the Plan includes the 414(v) catch-up limit for those Participants aged 50 or older. The Plan may also include the following: (Check all that apply)

- ☐ Allow 402(g) additional catch-up for Participants with 15 or more years of service
If selected, this will require a Maximum Allowable Contribution ("MAC") worksheet and coordination of the two catch-up contribution limits. For accurate completion of the MAC worksheet, the Employer will need to provide the total of an Employee's 403(b) salary reduction contributions for all years of employment with the Employer. If this information cannot be provided, this option cannot be permitted under the Plan.
- ☐ Allow age-related catch-up contributions
- ☐ Allow Roth 403(b) after-tax contributions
- ☐ Allow emergency savings Roth contributions
- ☐ Allow non-elective Employer contributions
If yes, check the correct box below and complete the 403(b) Employer Non-Elective Contribution Questionnaire on pages 8 - 11.
- ☐ Do not allow non-elective Employer contributions
 - ☐ You previously made Employer contributions but do not currently, and do not intend to allow for Employer contributions at this time

Distributions

Distributions from the Plan are allowed in the event of separation from service with the Employer, death of the Participant, total and permanent disability of the Participant. In-service distributions are permitted from the Plan upon attaining age 59 ½, for Birth and Adoption Expenses, and expenses and losses incurred in a Federally Declared Disaster up to \$22,000.00.

☐ Allow financial hardship distributions

Financial hardships may include:

- Unpaid medical bills of the employee, employee's spouse, employee's dependents, and beneficiaries of the employee.
- Expenses related to post-secondary education.
- Costs directly related to purchase of primary residence, not including mortgage payments.
- Preventing eviction from or foreclosure on the mortgage for the employee's principal residence.
- Funeral expenses for immediate family members, dependents, and beneficiaries.
- Expenses to repair damage to a primary residence.

The Participant seeking a distribution must show that the financial hardship expenses could not otherwise be covered by insurance, liquidation of the Participant's assets, or cessation of deferrals under the Plan.

☐ Do not allow self-certification for financial hardships and any other distribution

If selected, Plan Participants must provide documentation of the financial hardship and the amount needed to resolve the hardship to the Plan recordkeeper. If not selected, self-certification will be permitted for financial hardships and any other distribution which allows self-certification. This does not include small emergency expense distributions for which self-certification is not optional. If self-certification is permitted, a Participant will be allowed to self-certify that he or she meets the qualification for a financial hardship distribution or other applicable distribution and will need to maintain supporting documentation in case of an Internal Revenue Service (IRS) audit.

☐ Do not allow earnings to be included

If selected, Participants will not be permitted to use their account earnings towards their hardship. If selected for elective deferrals, it also applies for employer contributions.

☐ Do not allow Survivors of Domestic Abuse distributions

☐ Allow self-certified small emergency expense distributions up to \$1,000

☐ Allow Qualified Long-Term Care distributions up to \$2,500 per year (not effective until January 1, 2026)

☐ Allow pension-linked Emergency Savings Accounts up to \$2,500 for non-highly compensated employees

Loans

☐ Allow Plan loans

Loans are subject to availability and additional conditions that may apply under a Participant's 403(b) investment option(s). AFPlanServ will prohibit any loans to a Participant with an outstanding defaulted loan under any retirement or deferred compensation Plan sponsored by the Employer and/or Providers who have been deselected.

If you allow Plan loans, the following loans will be permitted:

- Five-year loan for any purpose
- 15-year loan to purchase the employee's personal residence

☐ Allow Qualified Federally Declared Disaster Loans

- Five-year loan for Federally Declared Disaster loan for a Participant who lives in a federal disaster area, suffers an economic loss due the disaster, and takes the loan within 180 days of the disaster (repayment can be extended one additional year if requirements are met.)

Other Transactions

- ☐ Allow exchanges to approved Providers listed in the final written Plan
- ☐ Allow Plan-to-Plan transfers from another 403(b) Plan to this Plan
- ☐ Allow transfers out of the Plan
- ☐ Allow rollovers into the Plan

If selected, the Plan will accept a direct rollover of an eligible rollover distribution from the following types of retirement plans. Rollovers of after-tax contributions will not be accepted unless otherwise indicated. Check all that apply:

- ☐ An annuity contract described in section 403(b) of the IRC
 - ☐ Include after-tax contributions
- ☐ An eligible governmental Plan under section 457(b) of the IRC
- ☐ An Individual Retirement Account (IRA), Roth IRA, or annuity described in section 408(a) or 408(b) of the IRC that is eligible to be rolled over and would otherwise be included in gross Roth IRA income
- ☐ Direct rollovers from other Roth 401(k) or Roth 457(b) plans are accepted into the Plan

Not applicable if Roth contributions are not permitted to the Plan

- ☐ A qualified Plan described in section 401(a) or 403(a) of the IRC
 - ☐ Include after-tax contributions

Other Employer Plans

- ☐ You currently sponsor a Plan under Section 457(b), 401(k), or 401(a)
- ☐ You sponsor other Plans

If selected, please specify type(s):

Other Services

Common Remittance:

The Plan hereby selects:

- ☐ **Option A:** Administrative services **with** Common Remitter Services
- ☐ **Option B:** Administrative services **without** Common Remitter Services

In the event the Plan selects administrative services **with** Common Remitter Services, the Plan Sponsor shall remit elective and non-elective 403(b) contributions directly to AFPlanServ in an acceptable secure electronic format or by check, on a timely basis. The Plan shall also provide complete payroll data and reconciliation files as needed to properly process the contributions. A payroll data and reconciliation file format document will be provided.

Other Provisions of the Plan

The following section may be used to insert provisions for which no acceptable alternatives are provided. **The Plan Sponsor's legal counsel should carefully review any modifications to ensure that changes do not adversely affect the Plan's qualification under IRC Section 403(b).**

Other provisions of the Plan: (attach additional page(s) as necessary)

Additional Information Needed

The following additional information and documentation are required as part of the setup process.

- Participating employee list, containing the following information:
 - Name of employee
 - Amount of 403(b) salary reduction/deduction per pay period
 - Name of Investment Provider to whom deductions are remitted
 - Payroll frequency
 - Copies of all Salary Reduction Agreements for employees contributing to the Plan

403(b) Investment Provider Information

Investment Providers must sign the Investment Provider Agreement provided by AFPlanServ to be approved under the Plan. Please list below the name, address, and contact information for all 403(b) Investment Providers and whether you wish to include them in the Plan. You will also be able to list any Providers that you wish to add to your Plan as new investment options. **Please note that some Investment Providers may decline to become a Provider of the Plan.**

Current 403(b) Investment Providers: Contributions Sent 1/1/2005 - 12/31/2008

(Use a separate sheet if needed)

Provider:		
Address: (street, city, state, and zip)		
Phone Number: (with area code)	Contact:	
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan	

Provider:		
Address: (street, city, state, and zip)		
Phone Number: (with area code)	Contact:	
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan	

Provider:		
Address: (street, city, state, and zip)		
Phone Number: (with area code)	Contact:	
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan	

Provider:		
Address: (street, city, state, and zip)		
Phone Number: (with area code)	Contact:	
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan	

Current 403(b) Investment Providers: Contributions Sent Since 1/1/2009

(Use a separate sheet if needed)

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	<input type="checkbox"/> Include in Plan

New 403(b) Investment Providers to be Included in the Plan

(Use a separate sheet if needed)

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

Provider:	
Address: (street, city, state, and zip)	
Phone Number: (with area code)	Contact:
Email Address: (if applicable)	

403(b) Employer Non-Elective Contribution Questionnaire

Employer Name: _____ State: _____

Employer hereby makes available to its employees a 403(b) Plan that provides for Employer contributions in accordance with applicable employment agreements and/or collective bargaining agreements. Employer agrees that the following provisions shall govern all Employer contributions and any earnings attributable to the Employer contributions made to the Plan. The following Plan rules are applicable to Employer non-elective contributions only. Employer matching and non-elective contributions may be made as Roth contributions. This only applies to fully vested contributions.

Type and Allocation of Employer Contributions

☐ Employer Non-Elective Contributions

☐ Discretionary Contributions

☐ Roth Contributions

☐ Fixed Contributions

Equal to _____% of compensation of each Participant eligible to share in allocations.

☐ Roth Contributions

☐ Other: (Please describe contribution details) **Note: The formula described must satisfy the definitely determinable requirement under Reg. §1.401-1(b). If the formula is non-uniform, it will not satisfy this requirement.**

☐ Former Employees

If selected, former employees will share in the non-elective contributions made by the Employer for a Plan year. In any event, no contribution will be made after the end of the Participant's fifth taxable year after the year in which they terminated employment. See Plan Section 4.5. If this option is not selected, Participants will not share in Employer non-elective contributions after the Plan year in which their employment terminates. Non-elective contributions will be allocated based only on compensation earned prior to the severance from employment.

☐ Disabled Employees

If selected, Employees who are permanently and totally disabled, as defined in Code §22(e)(3), will continue to share in the non-elective contributions made by the Employer for a Plan year for:

☐ A fixed period of _____ years

☐ A period to be defined by the Employer, which shall be determined on a uniform and non-discriminatory basis for all Participants.

403(b) Employer Non-Elective Contribution Questionnaire *Continued*

- ☐ Matching Non-Elective Contributions
- ☐ Discretionary Matching Contributions
 - ☐ Roth Contributions
 - ☐ Fixed Contributions
 - ☐ Roth Contributions

The Employer will make matching contributions equal to:

- ☐ _____% of the Participant's elective deferral(s)
- ☐ \$ _____
- ☐ Other: (Please describe the contribution details) **Note: The formula described must satisfy the definitely determinable requirement under Reg. §1.401-1(b). If the formula is non-uniform, it will not satisfy this requirement.**

- ☐ Matching Limit on Elective Deferrals: (Leave blank if not applicable)
- ☐ The percentage or dollar amount specified below (select one or both):
 - ☐ _____% of a Participant's Compensation
 - ☐ \$ _____
 - ☐ A discretionary percentage of a Participant's compensation or a discretionary dollar amount, to be determined by the Employer on a uniform basis for all Participants.

- ☐ Maximum Matching Contribution
- ☐ _____% of a Participant's compensation
 - ☐ \$ _____

- ☐ Military Spouse Eligibility

Only eligible for Plans with 100 or less employees. The military spouse will be eligible within two months of hire date. A military spouse shall become 100% vested in their account immediately.

- ☐ Student Loan Debt Repayment Matching

The Employer will make matching contributions equal to _____% of the amount of student loan debt repayments made by a Participant, limited to \$ _____ of student loan debt repayments each year. ***If no amount is indicated, the annual limit will be based on the annual limit permitted under Code section 415(c)(1)(A).***

403(b) Employer Non-Elective Contribution Questionnaire *Continued*

Vesting Schedule (if applicable)

If no option is selected, all eligible employees will be 100% vested upon becoming eligible to participate in the Plan. Regardless of the option selected below, all Participants will be 100% vested immediately in the portion of their accounts attributable to elective deferrals, Roth elective deferrals, and rollover contributions.

- ☐ A Participant shall become 100% vested in his or her account immediately
- ☐ Graded Vesting (i.e. Year 1 – 20%, Year 2 – 40%, Year 3 – 60%, Year 4 – 80%, Year 5 – 100%)

Schedule: _____

- ☐ Cliff Vesting (i.e. Year 1 – 0%, Year 2 – 0%, Year 3 – 100%)

Schedule: _____

- ☐ Other (please attach vesting schedule)

Investment Options

- ☐ Any annuity contract offered by approved Investment Providers of the Plan
- ☐ Any custodial account offered by approved Investment Providers of the Plan

Eligibility Requirements

If no option is selected, all eligible employees will be 100% vested upon becoming eligible to participate in the Plan. Regardless of the option selected below, all Participants will be 100% vested immediately in the portion of their accounts attributable to elective deferrals, Roth elective deferrals, and rollover contributions.

Employee Classification

- ☐ All employees shall be eligible to become Participants in the Plan for purposes of Employer non-elective contributions and matching contributions.
- ☐ Other:(specify) _____
- ☐ Military spouse eligibility. *Only applies for Plans with 100 or less employees. The military spouse will be eligible within two months of hire date. A Military spouse shall become 100% vested in their account immediately.*

Age Requirement

- ☐ No age requirement for eligibility
- ☐ Participants under age 21 are not eligible

Years of Eligibility Requirements

- ☐ No minimum years of service required
- ☐ Participant is eligible after completing _____ year(s) of eligible service

Entry Dates

- ☐ Employer non-elective contributions and matching contributions will be effective on the first entry date occurring on or after the employee has satisfied applicable Age and Service conditions selected above, or as soon as administratively feasible.

403(b) Employer Non-Elective Contribution Questionnaire *Continued*

Loans

- ☐ Loans from Employer contributions will be available under the Plan subject to availability and any additional conditions that may apply under a Participant's 403(b) Investment Arrangement(s).
- ☐ Loans from Employer contributions will not be available under the Plan.

Permitted Distribution Events for Employer Contributions

- ☐ Death
- ☐ Disability
- ☐ Completion of _____ years of service
- ☐ Separation of service
- ☐ Attainment of age _____ (may be earlier than age 59½ for an annuity contract)
- ☐ Attainment of age _____ (must not be earlier than age 59½ for a custodial account)
- ☐ Hardship

If selected for elective deferrals, the same permissions on self-certification will apply for non-elective contributions

- ☐ Birth and Adoption
- ☐ Survivors of Domestic Abuse
- ☐ Small emergency
- ☐ Qualified Federally Declared Disaster
- ☐ Other _____

Forms of Distribution (Select one or more of the following options for custodial accounts)

- ☐ Single lump sum
- ☐ Partial lump sum
- ☐ Installments
- ☐ Other form permitted under the terms of the applicable Custodial Agreement as selected by the Participant

Additional information

Employer Acknowledgements and Signatures

By signing below, Employer acknowledges that it is an eligible educational organization as defined in Section 170(b)(1)(A)(ii) of the IRC and the Plan is a governmental Plan as defined in ERISA §3(32), 29. U.S.C.A. §1002(32).

The Employer also certifies that to the best of their knowledge and belief, the Plan will continue to qualify as one of the entities listed above. The Employer will immediately notify (no later than 30 days after the event causing the change in status) AFPlanServ in writing if the Plan should lose its status as an eligible educational organization.

Employer

Authorized Signature: _____

Authorized Signer Name: _____

Title: _____ Date: _____