



“EZ-K” OUTLINE

Legal Name of Business: _____

Address: _____

Street

City

State

Zip

Phone: _____ Fax: _____

E-mail: _____

(required – You will receive vital information requests by email each year)

Employer ID#: _____ NAICS code#: _____

(www.naics.com/index.html)

Business entity type: _____ What Business does: _____

(S or C Corp., LLC, Sole Proprietor, etc.)

Business Fiscal Year: _____ Trust ID#: _____

(existing plan)

Date business commenced: _____ State of Legal Construction

for the Business: _____

Please check: Pooled Investments Employee-directed

Investment vehicle(s): _____

Investment Professional: _____

The adoption date used in the formal plan document will be the date this Outline and the corresponding TSC EZ-K Service Agreement is signed (must be the same date). 401(k) contributions cannot begin before the formal plan documents are signed by the party signing the Outline and Service Agreement.

The signature of the Employer on this outline confirms the following conditions apply as of the date the TSC EZ-K Plan is adopted and that such conditions will continue to exist for as long as the TSC EZ-K Plan is in use:

- The Employer is not part of a controlled group of corporations, businesses under common – control, or an affiliated service group, as those terms are defined in Internal Revenue Code Sections 1563, 414(b), 414(c), and 414(m).
- The Employer does not sponsor any other retirement plans and will be investing in traditional assets carried by a regulated financial institution.
- The Employer has no employees other than its owner(s) and the spouse(s) of the owner(s).
- TSC is not responsible for making any determination as to the above conditions. The business owner assumes full responsibility for the determination and maintenance of these conditions and will notify TSC immediately if any changes occur.

Adoption Date: _____

Signature: _____

Print Name: _____

SS# (IRS Form SS4): _____

Date of Birth: _____

