403(b) NON-ERISA PLAN ESTABLISHMENT GUIDE

NOT FOR USE WITH PUBLIC EDUCATION PLAN

403(b) Non-ERISA Plan Establishment Guide

(for use with plans not associated with public education)
For ERISA 403(b) plans or plans associated with public education, the forms are available from internalsales@aspireonline.com

STEP 1 PROFILE & CONTACT INFORMATION

Plan Name

Employer Sponsor Name

Primary Contact Name

Address

City State Zip

Telephone Number Ext. Fax

Email Website

Type of Plan:
☐ 403(b) non-ERISA ☐ Other: ______

Type of Business:
☐ Tax Exempt Org. ☐ Church ☐ Other: ______

Employer Tax Identification Number

Company Fiscal Year (MM | DD)

Number of Employees

Payroll Schedule:
☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Common/Remiter Payroll Provider:
☐ Internal ☐ Other: ______

STEP 2 AUTHORIZED PLAN SPONSOR PERSONS INFORMATION

Any individual whom the plan sponsor authorizes on its behalf and that has full access to authorize distributions and loan processing must be an Authorized Person(s). Authorized Person(s) also will be responsible for reviewing all transactions, including but not limited to verifying the accuracy of plan contributions and plan disbursement authorizations processed through the Plan Sponsor websites.

The Plan Sponsor may want to authorize at least two people to act in the capacity of Authorized Person(s) in order to ensure that at least one Authorized Person is available when needed. If additional Authorized Person(s) are desired, please provide additional authorized person(s) information.

Authorized Person Name Title

Telephone Number Ext. Email

Authorized Person Signature

Date (month | day | year)

ADDITIONAL AUTHORIZED SIGNERS (OPTIONAL BUT RECOMMENDED)

Authorized Person Name

Telephone Number Ext. Email

Authorized Person Signature

Date (month | day | year)

Authorized Person Name

Telephone Number Ext. Email

Authorized Person Signature

Date (month | day | year)

STEP 3 THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

Company Name

Contact Name | Telephone Number | Ext.

Email | Website Address

Spark Aggregator Number for Plan

STEP 4 LOAN PROVISIONS

Allow loans: ☐ No ☐ Yes (*complete section below)*

Maximum number of loans per Participant: ☐☐ Minimum loan amount: $ ☐,☐☐☐.☐☐

Loan rate is: ☐ Prime ☐ Prime + 1% ☐ Prime + 2%

NOTE: If no loan provisions are listed above, the default will be one loan per participant, a minimum loan amount of $1,000.00, at a loan rate of prime + 1%.

STEP 5 SOURCE PROVISIONS

Plan Eligibility: ☐ Immediate ☐ Other: ______

IMPORTANT NOTE: If no source specific eligibility or provisions are supplied, sources will be defaulted to the general plan provisions.

SOURCE: *i.e.,* Employee Pre-Tax deferrals, Roth(post-tax) deferrals, Employer contributions				
If additional Source(s) are desired, please make a copy of this page to provide additional Source(s) information.				
Entry Dates:				
Immediate	☐	☐	☐	☐
Age 21	☐	☐	☐	☐
Monthly	☐	☐	☐	☐
Quarterly	☐	☐	☐	☐
Semi-Annually	☐	☐	☐	☐
Other				
Full Vest:				
Death	☐	☐	☐	☐
Disabled	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Eligible:				
Part Time	☐	☐	☐	☐
Union	☐	☐	☐	☐
Non-Resident	☐	☐	☐	☐
Allow:				
Loans	☐	☐	☐	☐
Hardship	☐	☐	☐	☐
In Service	☐	☐	☐	☐
In-Service Age				

Mail to 3000 Chestnut Street, Unit 7528, Philadelphia, PA 19101
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 6 PLAN INVESTMENTS

Please select the Aspire product(s) to be made available. If no selection is made, all Aspire products will be made available.

☐ Standard Aspire Product

Aspire's standard product offers open-architecture investment selection. This allows the Participant to choose to invest in any mutual fund available from the custodian.

If the Plan Sponsor wants to modify the funds available under the standard Aspire product to a specific list of investment options, please provide a letter of direction on the Plan Sponsor's letterhead providing the list of approved investment options for Participants and signed by an Authorized Person for the Plan. Please include the fund name and ticker symbol for each fund.

If the Plan Sponsor wants to modify the funds available to one or more fund companies, please list the fund family(ies) below.

Fund Family: ____

Fund Family: ____

Fund Family: ____

Fund Family: ____

☐ Aspire Product for Franklin Templeton Funds

Aspire's product for Franklin Templeton funds allows Participants to choose to invest in mutual funds offered by the Franklin Templeton family of funds.

STEP 7 APPROVED INVESTMENT FIRMS

An Investment Firm is a Broker/Dealer or Registered Investment Advisory company that financial professionals are affiliated with to provide investment services.

☐ Check this box if your Plan allows for an "Open Investment Firm Policy."
An Open Investment Firm Policy allows participants the freedom to (1) work with a financial professional of their choosing from any Investment Firm or (2) self-direct their own account.

☐ Check this box if your Plan allows for "Authorized Investment Firm Policy."
The Plan Sponsor may designate which Investment Firm(s) are authorized to solicit or provide Plan Participants with investment services. Space for 2 investment firms is provided below. Attach additional pages if necessary. To limit this to one firm exclusively, check the box below and provide firm's information.

☐ Check this box if the below firm is the ONLY approved Investment Firm for this plan.

Company Name

Contact Name

Address

City | State | Zip

Phone | Ext. | Fax

Email | Website Address

Company Name

Contact Name

Address

City | State | Zip

Phone | Ext. | Fax

Email | Website Address

STEP 8 PLAN SPONSOR AUTHORIZATION

The Plan Sponsor authorizes Aspire to implement the 403(b) plan based on the information outlined in Plan Establishment Guide. The Plan Sponsor agrees to provide Aspire in writing any changes to the information noted in the Plan Establishment Guide as they occur. Plan Sponsor will provide to Aspire any additional information and documents related to the Plan upon request from Aspire.

Authorized Person Name

Title

Telephone Number

Ext.

Email

Authorized Person Signature

Date (month | day | year)

Mail to 3000 Chestnut Street, Unit 7528, Philadelphia, PA 19101
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST