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| MetLife Retirement Program Group SetupImplementation Worksheet **Please select one of the following products:**  **FFA [401(a) or 401(k)]**  **FFA [403(b)]**    Assigned Group Number:                 (assigned by FASCore)  TIMELINE FOR PLAN SETUP:  START UP PLAN (no takeover assets) – Plan set up will be completed within 30 days from receipt of a complete plan submission. Forms will be generated within 10 business days and first cash can be accepted after the 30th day of complete plan submission.  *Note: If Common remitter and/or Aggregator services apply, please allow 45 days for plan completion.*  CONVERSION PLAN (takeover of assets) – Plan set up will be completed within 60 days from receipt of a complete plan submission. Forms will be generated within 10 business days and first cash can be accepted after the 60th day of a complete plan submission.   * The completed checklist and all applicable addendums must be submitted to proceed with the plan setup. An incomplete submission will delay the above timeline. Should any discrepancy between this implementation worksheet and the agreements occur, the agreements will prevail. * An incomplete submission of this worksheet and all relevant addendums and/or unsigned agreements will delay the applicable timeline described above. |

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| * 1. **Employer Information** | | | |
| **Full Legal Name of Employer:** | | | |
| Employer Address Street Address (*no P.O. Box*)  City  State  Zip  Phone (    )      -  Fax (    )      -  Email | | | |
| Type of Entity C-Corporation  LLC  S-Corporation  Church  Non-Govt Tax Exempt  Partnership  Governmental  Other, please specify: | Type of Organization Profit  Non-Profit  Government | | |
| **Employer Identification Number (EIN):** | | | |
| **Employer’s principal office is located in which state?**  *For internal office use only:* ***Check box if the state is identified as Virginia (VA); if so Fraud Notice must be prepared with Enrollment Form*** | | | |
| **Number of employees:** | **Number of eligible employees:** | | |
| **Does the employer currently have any other plans being administered by MetLife?**  No  Yes - If yes, we will use the same plan number and add an extension (-01, -02, -03, etc) unless communicated otherwise in writing at the time of submission. **EXISTING PLAN #(s)**  If yes, and there is an extension would you like to have the statements linked? Yes No  In addition, will the plan transfer over any existing data?  No  Yes, If Yes, complete Addendum E: Transferred Assets and Data Loads) | | | |
| * 1. **Plan Information** | | |  |
| Full Plan Name: | | | |
| Type Start Up Plan  Start Up Plan with Data (complete Addendum D: Transferred Assets and Data Loads section #3)  External Conversion (from outside vendor)  Internal Conversion (within FASCore system) | Plan Type 401(a) Money Purchase Plan  401(a) Profit Sharing Plan  401(k) Profit Sharing Plan (not available for governmental plans)  403(b) Tax Sheltered Annuity (TSA)  457(b) Governmental  Other, please specify: | | |
| **Initial Plan Effective Date:**      /     / |
| **For a new plan, will the first year be a short plan year?**  Yes  No  N/A  If yes, Beginning:    /    Ending:    / |
| **Employer’s Plan Year-end:**    / | **IRS Plan Number (i.e. 001, 002, etc.):** | | |
| **Limitation Year:**  Calendar Year  Plan Year  Employment Year |  | | |
| **Is the plan currently, or has it been, top heavy?**  Yes  No  N/A – 403(b) Plan | **Top-Heavy Minimum Contributions**  N/A  3%  5% (minimum requirement if Employer also has a defined benefit plan) | | |
| **Please select all that are applicable:**  Single Employer Plan  Control Group  Affiliated Service Group  Multiemployer  Multiple-Employer  QSLOB |  | | |
| Is this plan subject to ERISA? Yes  No | **Is this plan an ADP/ACP “Safe Harbor Plan”?**  Yes  No | | |
| **Would you like to have your company logo placed on the forms/statements?**  Yes  No  **Requirements:**  a. Camera Ready Art or TIF file or BMP file  b. Header: 1 ½” X 1 ½”  c. Footer: ¾” X 5”  d. Black and white – no shading e. logo request must be submitted 30 days prior to quarter end to be effective on statements for that period. |  | | |
| **Please select the following Catch-up provisions that apply to your plan**  **Age 50 Catch-up**  \*Note - NOT available for 457b Non-governmental Select Group Plans  **403(b) Qualified Organization Catch-up (15 Years of Service Catch-up)**  \*Qualified organization is defined as educational organization, hospital, home health service agency, health and welfare service agency, church or convention or association of churches | | | |
| Eligibility Conditions and Entry | | | |
| **Excluded Employees**  All employees to be covered  Exclusions (If checked, see exclusions below) | | **Union Employees**  Do you currently employ Union Employees?  Yes  No | |
| **Exclusions – for employee deferrals**  Under 20 hours per week (403(b) plans only)  Union  Students  Non-Resident Aliens  Other, please specify: | | **Exclusions – for employer contributions (May require use of a non-standard document if a 401)**  Under 20 hours per week (403(b) plans only)  Union  Students  Non-Resident Aliens  Other, please specify: | |
| **Complete the following only if Union Employees are to be excluded  N/A**  Were retirement benefits the subject of good faith bargaining between the employer and employee representatives?  Yes  No  If no, is there a plan for Union Employees?  No (if no, you must consider them under this plan)  Yes | | | |

**Eligibility Conditions and Entry (cont.)**

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| **Eligibility Requirements** | | |
| Elective Contribution (Employee Pre-Tax Deferrals)  Service Requirements  No service requirement  One year of service: Employee must complete       hour(s) of service during relevant Eligibility Computation Period to receive credit for one year of service. (*Note: if the plan is subject to ERISA, the number may not exceed 1000. If left blank, the default requirement is 1000 hours of service; also note that Non-ERISA 403(b) plans use an alternative rate of 20 hours per week.)*        Months of service (not to exceed 12 months if ERISA)  Age Requirements  No age requirement  Age 21  Age       (not to exceed 21) | Employer Contributions Service Requirements  No service requirement  One year of service: Employee must complete       hour(s) of service during relevant Eligibility Computation Period to receive credit for one year of service. (*Note: if the plan is subject to ERISA, the number may not exceed 1000. If left blank, the default requirement is 1000 hours of service: also note that Non-ERISA 403(b) plans use an alternative rate of 20 hours per week.)*        Months of service (not to exceed 12 months if ERISA)  Age Requirements  No age requirement  Age 21  Age       (not to exceed 21) | |
| **Hours of Service (Choose one if MetLife is calculating Eligibility and/or Vesting for the plan)**  **Actual Hours Method:** – The Plan uses the PDI file to submit actual hours for each employee; each payroll.  1000 hours within the plan year  Other(if less than 1000 hrs)  **Elapsed Time:**  Elapsed time within the employment anniversary year | | |
| Special Eligibility Provisions (Note: Generally determined by the employer) The eligibility requirements above are deemed to be satisfied by an employee (other than an excluded employee) who is employed:  Not applicable  On the effective date of the plan  Other, please specify: | | |
| **Plan Entry Date**  Elective Contributions (Employee Deferral)  The entry date upon which participation begins after completing minimum age and service conditions will be the next following entry date.  Entry Dates  Date of Hire  First day of next payroll period  First day of the PY & first day of the 7th month  First day of each quarter  First day of the plan year  First day of each month  Other, please specify: | Employer Contributions  The entry date upon which participation begins after completing minimum age and service conditions will be the next following entry date.  Entry Dates  Date of Hire  First day of next payroll period  First day of the PY & first day of the 7th month  First day of each quarter  First day of the plan year  First day of each month  Other, please specify: | |
| Retirement and Vesting Information | | |
| **Normal Retirement Date (Choose one)**  Not applicable  Earlier of Plan Anniversary or Semi-Anniversary  coinciding with or next following the normal retirement age selected below.  First day of Plan Quarter  First day of next month  Age 65 (must choose Normal Retirement Age of 65) | **Normal Retirement Age (Choose one)**  Not applicable  Age 65  Age       and 5th anniversary, not later than age 70  Age       and       anniversary (not to exceed age  65 or 5th anniversary)  Age | |
| **Early Retirement Age (Choose one if applicable)**  None  Age       (not less than 50 or more than 65)  The later of age       and       years of Credited Service | | |
| **Vesting of Employer Matching ERB 1**    Not applicable  100% immediate  6-year graded  3-year cliff vesting (100% after 3 years)  Other, specify below:  1 year      %  2 years      %  3 years      %  4 years      %  5 years      %  6 years 100% | **Vesting of Employer Nonelective ERB 2**    Not applicable  100% immediate  6-year graded  3-year cliff vesting (100% after 3 years)  Other, specify below:  1 year      %  2 years      %  3 years      %  4 years      %  5 years      %  6 years 100% | |
| **Vesting if Plan is Top Heavy**  Not applicable  100% immediate  6-year graded  3-year cliff vesting (100% after 3 years)  Other, specify below:  1 year      %  2 years      %  3 years      %  4 years      %  5 years      %  6 years 100% | **Fully Vested Upon:**  N/A – Plan is 100% vested  Normal Retirement  Disability  Death  Early Retirement | |
| **Non-ERISA and Church Plan Vesting Schedule**  Please define Vesting if different from above: | | |
| **Will recordkeeper be tracking vesting? (If all sources are 100% immediately vested, please check FULL below)**  Yes - Please select the Vesting Service Level below  No  **Vesting Service Level: Please select one**  **NONE** - Plan Sponsor tracks and communicates vesting to the participants and supplies vesting on distribution forms  **INFO -** Plan Sponsor supplies vesting on distribution forms and may provide vesting percentage (or information needed to calculate the vesting) to MetLife to be included on quarterly participant statements  **FULL -** Recordkeeping system tracks vesting for distributions and statements. This option requires the plan sponsor to upload a full payroll file using the web each pay period. The payroll file must include the hire date, term date, rehire date and year to date hours worked (if using actual hours method to calculate vesting). | | |
| **If Yes in previous section, please indicate who will be providing the Years of Service to MetLife?**  MetLife obtains this information from the prior recordkeeper (if applicable)  Other (please supply contact person below)  Name:  Phone:  Vesting Data will be as of:      /     / | | |
| **If MetLife is tracking vesting, please indicate how the vesting is to be calculated:**  **Choose one:** (If Years of Service are not available, we can assume vesting based on the participant’s hire date)  Years of Service to be provided for calculating the vesting  Hire date will be provided (MetLife assumes vesting based on the hire date only) | | |
| **Are years of service with a predecessor Employer included?**  Yes  No  If yes, name of Predecessor Plan: | | |
| **Vesting Service?**  No exclusions  Exclude years prior to the original Plan Effective Date  Exclude years prior to age 18 | | **Vesting Computation Period**  Calendar Year  Plan Year (Not applicable if Elapsed Time Method is chosen)  Employment Year (Cannot be administered in recordkeeping system if Actual Hours Method is chosen) |

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| **V. Types of Contributions** | |
| **Employee Before-Tax Contributions (BEF)**  No Before-Tax contributions  Employee Before-Tax contribution allowed       % to      % (Use whole percentages only, default is 1% - 100% if not selected)       $ to      $ (Use whole numbers only, default is $1 to IRS Maximum if not selected) | |
| **Employee Roth Contributions (RTH)**  No Roth contributions allowed  Roth contributions allowed       % to      % (Use whole percentages only, default is 1% - 100% if not selected)       $ to      $ (Use whole numbers only, default is $1 to IRS Maximum if not selected) | |
| **Employee After-Tax Contributions (AFT)**  No After-Tax contributions  Employee After-Tax contribution allowed       % to      % (Use whole percentages only, default is 1% - 100% if not selected)       $ to      $ (Use whole numbers only, default is $1 to IRS Maximum if not selected) | |
| **Are Employee Rollovers allowed?**  Yes  No  If yes, please mark the following that apply:  403(b)  IRA  401(k)  After Tax  401(a)  Roth 403(b)  457 Government  Roth 401(k) | |
| **Are Employee In Plan Roth Rollovers allowed?**  Yes  No | |
| **Employer Matching Contributions (ERB1)**  No Matching contributions  Fixed Match:       % (use whole %) of each eligible participant’s contributions, not to exceed $      a year.  The maximum match will be limited to $      or      % of compensation.  Discretionary Match: A uniform percentage as determined by the Employer  ER Match Investment directed by employer | Tiered match        % of the first $      or      % of elective,  plus      % of the first $      or      % of elective,  plus       % of the first $      or      % of elective,  plus       % of the first $      or      % of elective contributions.  The maximum match is $       or       %.  (Tiered Match **must** start with highest percentage first, e.g. 100% for first 2%, 50% for next 2%, etc.)  Safe Harbor Method  The mandatory employer contribution must equal:  3% of pay for all eligible employees (based on total comp)  Dollar-for-dollar on participant contributions up to  3% of pay, plus 50 cents on each dollar contributed of the next 2% of a participant's pay OR  The custom matching formula you set based on IRS guidelines |
| **Allocation Conditions of Employer Matching Contributions**  None  Must be employed on the last day of the match period  Must be employed by the employer on the last day of the plan year OR have more than 500 hours of service for the plan year.  Must be employed on the last day of the plan year  Must be employed on the last day of the plan year except for death, disability or retirement  Must be credited with at least 12 months of participation in plan  Other: | |

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| **Types of Contributions (cont.)** | |
| **Employer Non-elective Contribution (ERB 2)**  **Non-elective contributions are made on behalf of all eligible employees, whether or not they make elective contributions.**  No Non-elective contribution  Discretionary  Non-Integrated (Compensation/Total Compensation)  Integrated        % of the Eligible Employee’s compensation, plus        % of such compensation in excess of:  The Social Security Taxable wage Base in effect  at the beginning of the Employer’s Plan Year  *OR*  $  (Not more than the Taxable Wage Base for the year)  Fail-safe contribution      % (100% vesting required)  Percentage contribution      % of eligible employee’s Compensation | |
| **Allocation of Employer Non-elective Contributions**  None  Must be employed by the employer on the last day of the plan year OR must have more than 500 hours of service for the plan year.  Must be employed by the employer on the last day of the plan year.  Must be credited with at least hours of service (not to exceed 1,000) during the plan year.  Must be employed on the last day of the contribution period  Other: | |
| **Treatment of Forfeitures of Employer Contribution**  **(Section to be filled out only if plan has employer contributions)**  Employer Match Contribution  Offset employer match in the same year in which the forfeitures occur  Offset plan expenses  Reallocate to employees in the year following the occurrence of the forfeitures based on:  Employer Nonelective Contribution  Offset employer nonelective contributions in the same year in which the forfeitures occur  Offset plan expenses  Reallocate to employees in the year following the occurrence of the forfeitures based on: | |
| **For Non-Matching Contributions, compensation will be defined as:**  Reduced Compensation (Compensation excluding salary reduction)  Unreduced Compensation (Compensation including salary reduction) | **Calculation of the Employer Match will be completed by:** *(If recordkeeper calculates match, it will be done during the annual compliance testing, an hourly rate will apply)*  Employer  MetLife (Recordkeeper) |
| **Other Money Types**  Qualified Non Elective Contribution (QNE)  Qualified Matching Contribution (QMA)  Not Applicable |  |

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| **Types of Contributions (cont.)** | |
| **Compensation Definitions** | |
| **Definition of Total Compensation**  W-2 wages  Withholding wages  Code §415 safe harbor compensation  If no affirmative election is made in the adoption agreement, it is W-2 wages. | **Compensation Exclusions**  No exclusions from Compensation  One or more of the following will be excluded:  Overtime  Bonuses  Commissions  Fringe Benefits, Expense Reimbursements and other Welfare Benefits  Other:  Standardized 401 plans may only exclude Reimbursement or other Expense Allowances. Plans covering any self-employed individual may not exclude any compensation. |
| **Compensation during Plan Year in which initial participation or re-participation following a Break in Service occurs, will be:**  For entire Plan Year  From date of participation or re-participation |

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### Distribution Options

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| **Corrective distribution for excess deferrals**  **Please select one:**  Employee Before Tax deferrals will be distributed 1st; designated Roth contributions will be distributed 2nd.  Designated Roth contributions will be distributed 1st, employee before tax (BEF1) will be distributed 2nd. | | |
| **Required Minimum Distributions:**  Plan does not allow Employees who are not 5% owners to defer Required Minimum Distributions until termination.  Plan allows Employees who are not 5% owners to defer Required Minimum Distributions until termination. | | |
| **Hardships will be qualified by:**  Safe Harbor  Facts and Circumstances | | **Periodic Payments Available?**  Yes  No |
| **Hardship Suspension Period:**  6 Months  12 Months  Other: | | **Fixed Annuities Available?**  Yes, lump sum used to purchase annuity from MetLife (Required if QJSA is applicable)  No |
| Is plan subject to Qualified Joint Survivor Annuity (QJSA)? Yes No | | **Is spousal consent required on distributions/loans?**  Yes (Required if QJSA above is applicable)  No  For ERISA plans only |
| **Will MetLife be tracking Beneficiaries?**  **Yes (standard)  No**  (If yes, we will track SSN, Name & Relationship)  **Is Beneficiary spousal consent required?**  **Yes**  **No**  (Please refer to your Adoption Agreement. If yes, and participant elects someone other than their spouse, the participant will need to fill out a paper form)  **Type of Spousal Beneficiary? (Choose one)**  None  50% or Consent – Spouse must be at least 50% Beneficiary or consent is required  100% or Consent – Spouse must be 100% Beneficiary or consent required  50% Mandatory – Spouse must be at least 50% Beneficiary – Mandatory  100% Mandatory – Spouse must be 100% Beneficiary - Mandatory | | |
| **De-minimus Distributions Allowed?**  Yes  No | | |
| $1,000  $5,000 (As Amended) If checked, MetLife must receive IRA Provider information in adjacent box: | Name of IRA Provider:  Name of IRA contact:  Phone:  Address:    Millenium Trust (Internal CSV ID: 421534) | |

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| **Distribution Options (cont.)** | |
| **Separation from Service – All Vested Sources** | **Inservice Withdrawal Other**  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  QNEC and QMAC (not permitted prior to attainment of Age 59 1/2)  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: |
| **Retirement – All Vested Sources** | **Inservice at Retirement Age**  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  QNEC and QMAC (not permitted prior to attainment of Age 59 1/2)  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: |
| **Age 59 ½**  Note: Not permitted for 457 plans  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  QNEC and QMAC  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: | **Purchase of Service Credits**  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  QNEC and QMAC (not permitted prior to attainment of Age 59 1/2)  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: |
| **Inservice Disability**  Note(s): This feature is NOT permitted for 457 plans. Otherwise, Partial Withdrawal allowed while on disability leave  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  QNEC and QMAC (not permitted prior to attainment of  Age 59 1/2)  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: | **Financial Hardship / Unforeseeable Emergency**  Note: For 403(b) plans only, pursuant to Treasury Regulations employer money that is invested in 403(b)(7) custodial accounts (mutual funds) is not available for a hardship distribution.  Not Applicable  Employee Before Tax (BEF)  Employee After Tax (AFT)  Participant Rollovers  Employer Contributions (ERB)  Exclude mutual funds from ERB money source  QNEC and QMAC  Roth 401(k)  Rollover Roth 401(k)  Roth 403(b)  Rollover Roth 403(b)  Other Money Sources: |
| **Heart Act Military Distribution Options**  Military Leave Distributions  -Must be currently employed and on active duty for more than 30 days; anyone currently performing in the uniformed services are treated as severed from employment.  -6 month contribution suspension period required unless plan requires longer period indicated here:  -Applicable Federal, State and 10% Early Withdrawal Penalty Fees may apply (unless rolled over)  Qualified Reservist Distributions  -Members of the reserves ordered or called to duty for a period exceeding 179 days or for an indefinite period  -Applicable Federal and State taxes apply (No Penalty and no suspension period for withdrawal) | |

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| **Distribution Options (cont.)** | | | |
| Loan Information | **Are Loans allowed:** | | Yes  No – If no, skip to next section. |
| Loan type: Account Reduction Loans (Participant’s account will be reduced by amount of loan) | | Number of Loans Allowed 1 (standard)  Other - enter number of loans: | |
| **Loan Terms** - Loans are allowed for:  General Purpose repayment terms:       years (standard is 1 – 5 years)  Mortgage Repayment Terms:       years (standard is 6 – 30 years) | | | |
| Who is eligible for a new loan? Current employees participating in the plan. | | **Loans Required Prior to Hardship? (If “Yes” the plan will need to monitor this)**  \*Note – generally all loan options under the plan should be exhausted before a hardship distribution is requested.  Yes  No | |
| **Participant Paid Loan Maintenance Fee:** $50/year ($12.50 deducted from participants accounts quarterly) | |
| Loan Interest Rate Prime Lending Rate +1%  Other: | | **Minimum amount of Loan:** $1,000.00 | |
| **Participant Paid Loan Origination Fee:** $75 | |
| Loan Sources **Loan proceeds will be pro-rated across all vested money types.**   1. Please check which money types are allowed for calculation but not debit for the loan distribution: 2. Please check which money types are allowed for calculation and debit of the loan distribution:   **1 2**  BEF1 - Employee Before Tax  BEF2 - Employee Before Tax Mandatory  AFT1 - Employee After Tax  ERB1 - Employer Matching (Standard for Vested Money)  ERB2 - Employer Nonelective (Standard for Vested Money)  ERB3 - Employer Money Purchase (Standard for Vested Money)  EER1 - Rollover (all rollover sources)  Roth - All Roth money sources  ERAWP - Employer Stock  Other: | |
| **Loan Repayment Method**  **Employed Participants**: (choose one)  Payroll deduction  ACH debit  **Terminated Employees**: repayments by personal check options are: (choose one)  Send personal check to employer and they submit with their payroll (standard)  Send personal check directly to FASCore.  **Special Plan features - these must *follow* the loan policy adopted by the Plan. (check all that apply)**  Loan payoff prior to maturity (standard)  Principal reduction (standard) - reduces the amount of principal  Advance payments (standard) - pay ahead up to 60 days | |
| **Loan Initiation Options**  **OPTION 1**  **Loan initiation/modeling offered on VRS/web.**  **\***Employer provides full PDI with each contribution including termdates. (if only active employees can take a loan)  **\***Vesting data updates are required if applicable (if vesting is applicable and not tracked by MetLife, only 100% vested money sources will be distributed)  **\***This option does not require employer signature. If employer authorization is required, it will be provided via the To-Do-List (see page 14).  **\***If plan is subject to spousal consent for distributions/loans then the To-Do-List feature is required (see page 14).  **OPTION 2**  **Loan initiation via paper forms.** | | | |

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| **Loan Information cont.** |
| **Loan File Feed (not applicable if using ACH payback option)**  Yes (Standard) Receive an electronic report of the participant loan activity via the Plan Service Center (Please complete the Plan Service Center Authorization Form attached).  No (loan information will be faxed in lieu of an electronic loan file feed. Please ensure a confidential fax number is provided under the Loan Contact.)  \*The Loan File Report will be sent 5 business days prior to each payroll date. The Loan File Report includes new loan information, payoff of existing loan information, payment change information, etc. You will be able to use this report to adjust your payroll each pay period if necessary. |
| **Loan File Report Type (check one)**  Summary: SSN, Employee ID, Name, Loan Status, Action Code and Total of All Payment Due  Detail: SSN, Employee ID, Name, Loan Number and Status, Repayment Amount listed by Loan Number, Total Loan Amount (Principle and Interest), First Due Date, Maturity Date, Final Payment Date, Loan Term and Principle Amount of Loan |
| **Weekend/Holiday Code (check one)**  If the day for a scheduled loan file feed falls on a weekend/holiday, this indicator tells the recordkeeper system to run the file either the business day before or the business day after the weekend/holiday.  Before  After |

1. **Signatureless Processing and Approval Services Election Form**

N/A – Plan Sponsor signature and authorization will be required on all forms and documents.

Please complete this form for all Applicable requests. Plan Signature is REQUIRED at end of the Implementation Worksheet.

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| **Form** | | **Electronic Approval via Plan Service Center To Do List**  (Selected on PSC Form) | **Plan Signature Required on Hardcopy Forms** | **Plan Signature Not Required**  Not permitted if Spousal Consent applicable | **TPA Signature Required** **(3)** | **Approval Services**  **Outsourced to MetLife**  (Additional fees apply) |
|  | | Spousal Consent Applicable | Spousal Consent Applicable |  |  |  |
| Enrollment | |  |  |  |  |  |
| Beneficiary | |  | **(4)** |  |  |  |
| Loan | | **(4)** | **(4)** | **(1)** |  |  |
| **Distributions** |  |  |  |  |  |
| Termination/Retirement | **(4)** | **(4)** | **(1)** |  |  |
| Inservice Withdrawals Other |  |  |  |  |  |
| Age 59 ½ |  |  |  |  |  |
| Required Minimum Distribution Age 70 ½ | |  |  |  |  |  |
| **Contract Exchanges/Transfers for Approved Vendors** |  |  |  |  |  |
| Approved Vendors **(2)** |  |  |  |  |  |
| Non-Approved Vendors | |  |  |  |  | Yes  No |
| Incoming Rollover | |  |  |  |  | Yes  No |
| Safe Harbor Hardship | |  |  |  |  | Yes  No |
| Fact and Circumstances | |  |  |  |  |  |
| Qualified Domestic Relations Order (QDRO) | |  |  |  |  | Yes  No |
| Death Claim | |  |  |  |  |  |
| Periodic Payments | | **(4)** | **(4)** |  |  |  |
| (1) Transactions are automatically processed without Plan Sponsor approval. PDI and Termination Dates must be provided for auto-term functionality and no employer monies in the plan. However, Employer must still confirm “triggering event.”  (2) Refer to Addendum H for Approved Vendors List | | | | | | |
| (3) Plan Sponsor can designate a TPA to provide signature authorization for participant requests.  (4) If spousal consent required, plan must approve request and auto-term functionality is unavailable to review and process applicable requests | | | | | | |

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| **Signatureless Processing and Approval Services Election Form (cont.)** | |
| **NOW THEREFORE IT IS AGREED THAT:** | | |
| MetLife will process the above marked participant requests without first obtaining approval, if made in a manner and format prescribed by MetLife:  The format referenced in 1 above will contain a provision permitting You (or your appointee other than MetLife), as Plan Administrator, to review any participant requests for information or data specified in 1 above, however, MetLife may process any such requests without You (or your appointee’s) review or approval.  You acknowledge that You (or your appointee other than MetLife) continue to act as Plan Administrator for purposes of the Employee Retirement Income Security Act of 1974 (ERISA) (if applicable) and the Internal Revenue Code (“*Code*”*)* and that You continue to be the “named fiduciary.  The accepting of enrollment applications, establishing accounts, and processing of requests pursuant to 1 above is a ministerial duty which does not involve the exercise of any powers that would cause MetLife to be a fiduciary of Plan Administrator as defined under ERISA (is applicable) and the Code.  This Agreement is not intended to create any potential or current liability on the part of MetLife. It is acknowledged that MetLife is merely accommodating You by accepting enrollment applications, establishing accounts and processing Participant requests without requiring Plan Administrator approval in accordance with paragraph 1 above.  The Employer does not maintain any other plan that provides tax-free loans. | | |
| Payroll Information | | |  |
| **Payroll Submission Method**  Electronic File Submission via the web (PSC) with ACH cash Funding. (Standard for plans that have a participant count greater than 50 or are subject to annual compliance testing). A test payroll file is required 10 days prior to first cash submission.  **-or-**  Manual data entry via the web (PSC) with ACH cash funding. (Typically for plans with less than 50 active participants.)  **Remittance Frequency (Employee Contributions)**  Weekly  Bi-weekly  Semi-monthly  Monthly  Quarterly  Annual  **Remittance Frequency (Employer Contributions)**  Weekly  Bi-weekly (26 Pay Periods)  Semi-monthly (24 Pay Periods)  Monthly  Quarterly  Annual  **Does the plan use Common Remitter Services?**  Yes  No  **If yes, please indicate the provider:**  (If MetLife, complete Addendum G) | **1. Are there multiple locations/divisions?**  Yes - If yes, how many locations/divisions?  No - If no, please fill out the only payroll location below  **If yes, are there multiple payroll/loan payment processing locations?**  Yes - How many locations?  (Please complete Addendum I)  No  **2. Payroll Provider**  In house  Other, please specify:  **3. Estimated Date of first payroll (This must be an actual payroll date)**    **/**   **/**  **4. If single payroll location only, please provide location information below:**  Payroll Location Name:  Payroll Contact:  Address:  City:                           State:  Zip Code:  **If there is a third party payroll provider, would you like to explore if Payroll Bridge is available?**  Yes  No | |

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| 1. **Compliance Services** | | |
| **Is MetLife providing Plan Document Services?**  Yes  No | | Plan Document with Adoption Agreement prepared by MetLife & Summary Plan Description (only if MetLife document utilized)  Ongoing Plan Amendments & Summary Material Modifications (only if MetLife document utilized) |
| **Is MetLife providing Compliance services?**  (Only applicable if plan is subject to ERISA) | | Yes  No (skip below) |
| **Year-end Non-discrimination Testing** | | |
| 401(k) ADP Testing  401(m) ACP Testing  Multiple Use Testing  410(b) Coverage Testing | 402(g) Deferral Limit Testing  415(c) Annual Additions Testing  416 Top Heavy Testing  414(s) Compensation Ratio Testing | |
| **ADP/ACP Testing Method**  Current Year Method  Prior Year Method  Safe harbor | **5500 preparation and Summary Annual Report**  Important: If prior year 5500 was filed a copy must be provided with this Worksheet.  *Note: does not apply to Non-ERISA Plans* | |
| **Standard Services Provided:**  The standard service includes Final Year End testing and one ADP or ACP Projection test as applicable. Additional ADP or ACP projection tests are available via the Plan Service Center website free of charge. | | |
| **Required Documents:**  These documents must accompany the Compliance Services Request Form to establish service:  -Copy of current Plan Document (and copy of recent amendment if applicable)  -Prior year testing results (most recent)  -Prior year 5500 (most recent) (or copy of recent amended filing if applicable)  If they are not received 30 days prior to plan year end you will be contacted by your assigned Compliance analyst. Should you have any questions in the interim please contact compliance at [compliance1@retirementpartner.com](mailto:compliance1@retirementpartner.com).  Mailing Address to forward documentation:  Attn. MetLife Compliance 9T3  8525 E Orchard Rd  Greenwood Village, CO 80111 | | |

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| 1. **Plan Contacts** | |
| Employer Primary Contact – PCT The person to receive daily correspondence and referrals from Client Service. This person could also be authorized to sign off on plan distributions.  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: | Secondary Employer Contact – SCT Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: |
| **Employer Payroll Processing Contact – PRC**  This contact processes the plan’s payroll.  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: | **Employer Billing Contact – BRC**  Person that should receive the bills for any plan/admin fees (Only required if recordkeeper is responsible for billing the plan and the employer is paying either the plan or participant fees)  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      - E-mail: |
| **Primary Compliance Contact** – **COC (If Applicable)**  If plan is subject to compliance testing, this is the person that we will contact in regards to any compliance testing or related questions.  **N/A – Plan is not subject to annual compliance testing or Form 5500 reporting.**  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: | Loan Contact –  LON or  LNM (see below) N/A – Repayment not Payroll Deducted (ACH) **LON Contact –** if plan has only one location that remits loan payments for all locations.  **LNM Contact –** if plan has more than one location that remits loan repayments. We will set up an LNM contact at each location on Addendum I.  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  ***Fax Note- If Electronic Loan File Feed is not selected, please provide a confidential fax number for delivery of manual Loan File Feeds via fax.***  E-mail: |
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| **Plan Contacts (cont.)** | | |
| Plan Sponsor Report Copies Contact – CAS **CAS Contact** – will receive quarterly account summary and participant detail reports electronically via the PSC.  Additional reports sent to the CAS contact include the Annual report of plan assets and participant detail reports. These reports are sometimes used for auditors.  **(Please complete the Plan Service Center Authorization Form attached – Addendum B**)  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail:  **Do you want reporting done by location?**  Yes No(default is “No” if not marked)  If yes, please complete Addendum I. | **Regional Servicing Office – RMD** This contact is a reserve contact to the Met Agent and to the Plan if there is no Agent assignment.  |  |  | | --- | --- | | Please choose one of the following regions: | Internal Use Only | | South East Region  Boston Region  California Region  Denver Region  Florida Region  New Jersey Region  Connecticut/Upstate NY Region  New York City Region  Ohio Region  Mid-Atlantic Region  St. Louis Region  Texas Region  Chicago Region | 625454  625455  625456  625457  625458  625460  625462  625463  625465  625466  625468  625470  625954 | | |
| Deposit Confirmation Reports – TAD This contact receives the confirmation of payroll deposits each pay period.    Please choose one of the following reports:  Detailed Electronic report(breakdown by participant) via the Plan Service Center – complete Addendum B  Summary Electronic report (group level) via the Plan Service Center – complete Addendum B  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: | **Financial Services Representative or MetLife Account Executive – AM**  Name:  Address:  City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail:  Distribution Channel:  Broker ID:  DAI Number:  PSC Login:            (Plan will be added to your PSC access)  **Do you want to receive electronic Plan Summaries?**  (If yes, you will be set up as a CAS contact and your PSC login id is required in order for you to receive your electronic plan summaries via the PSC)  Yes  No | |
| 1. **Fee Information** | |
| **Will any maintenance/administrative fees be deducted from participant accounts?**  **----------If N/A is not chosen then Fascore will assess fees----------**  N/A (no fees)  Yes (fee debited from participant accounts)  No (fee billed to the Employer)  \*\*If fee is to be billed, who is responsible for billing the employer: MetLife  or FASCore  (If FASCore will be billing the employer, additional charges may apply)  **Please indicate the Administrative fee below: (Expressed as an annual fee)**             bps per participant.  **$**           per participant.  **Note - all fees are assessed on a quarterly basis)**  Please describe any other fees that need to be set up in addition to the fees above | | |

### Investment Authorization

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**Note: All investment funds will be available to the plan unless otherwise indicated in the excluded funds column.**

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| FUND NAMESelect Default fund | | | FFA401k **401a**  **SDIO** | FFA **403b**  **SDIO** |  |  | **Check off any Excluded Funds** |  |
| BlackRock Bond Income Portfolio | | | **unavailable** | **unavailable** |  |  |  |
| MFS Total Return | | | MT1482 | METMT |  |  |  |
| Met/Artisan Mid Cap Value Portfolio | | | HV1482 | METHV |  |  |  |
| Fidelity VIP Equity Income | | | FE1482 | METFEI |  |  |  |
| Loomis Sayles Small Cap Core Portfolio | | | LS1482 | METLS |  |  |  |
| Western Asset Management US Government | | | GV1482 | METGV |  |  |  |
| WMC Core Equity Opportunities Portfolio | | | VV1482 | METVV |  |  |  |
| Western Asset Management Strategic Bond | | | SB1482 | METSB |  |  |  |
| MIST - Morgan Stanley Mid Cap Growth | | | SM1482 | METSM |  |  |  |
| Russell 2000 Index | | | RI1482 | METRI |  |  |  |
| MSF Baillie Gifford International Stock Portfolio - Class A | | | **unavailable** | **unavailable** |  |  |  |
| WMC Large Cap Research A | | | **unavailable** | **unavailable** |  |  |  |
| WMC Balanced Portfolio | | | **unavailable** | **unavailable** |  |  |  |
| MetLife Stock Index | | | FS1532 | FS1534 |  |  |  |
| Frontier Mid Cap Growth A | | | **unavailable** | **unavailable** |  |  |  |
| MIST – Oppenheimer Global Equity – Class A | | | FV1482 | METFV |  |  |  |
| T.Rowe Price Small Cap Growth | | | SC1482 | METSC |  |  |  |
| MFS Value Portfolio | | | LV1482 | METLV |  |  |  |
| MIST Invesco Mid Cap Value A | | | LA1482 | METLA |  |  |  |
| T.Rowe Price Large Cap Growth | | | LC1482 | METLC |  |  |  |
| MSF – Barclays Capital Aggregate Bond Index | | | BI1482 | METBI |  |  |  |
| MSF MSCI EAFE Index Portfolio - Class A | | | II1482 | METII |  |  |  |
| MSF - Neuberger Berman Genesis | | | AU1482 | METAU |  |  |  |
| MetLife Mid Cap Stock Index | | | MX1482 | METMX |  |  |  |
| MIST – Met/Franklin Low Duration Total Return – Class B | | | FT1482 | METFT |  |  |  |
| American Funds Growth Fund | | | GO1482 | METGO |  |  |  |
| American Funds Growth & Income Fund | | | TI1482 | METTI |  |  |  |
| American Funds Global Small Cap Fund | | | GS1482 | METGS |  |  |  |
| Loomis Sayles Small Cap Growth Portfolio | | | SG1482 | METSG |  |  |  |
| T. Rowe Price Mid Cap Growth | | | MG1482 | METMG |  |  |  |
| American Funds Balanced Allocation | | | BA1482 | METBA |  |  |  |
| American Funds Moderate Allocation | | | MA1482 | METMA |  |  |  |
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| MIST – Loomis Sayles Global Markets A | | | L21482 | METL2 |  |  |  |
| American Funds Bond Fund | | | BF1482 | METBF |  |  |  |
| American Funds Growth Allocation | | | GA1482 | METGA |  |  |  |
| MFS Research International | | | RL1482 | METRL |  |  |  |
| PIMCO Total Return | | | TR1482 | METTR |  |  |  |
| PIMCO Inflation Protected Bond Fund | | | PI1482 | METPI |  |  |  |
| MSF – Blackrock Capital Appreciation E | | | AE1482 | METAE |  |  |  |
| MetLife Asset Allocation 100 Portfolio | | | NA1482 | METNA |  |  |  |
| BlackRock Large Cap Value Portfolio | | | LU1482 | METLU |  |  |  |
| Harris Oakmark International | | | IC1482 | METIC |  |  |  |
| SSgA Growth and Income ETF Portfolio | | | CI1482 | METCI |  |  |  |
| MIST - Invesco Small Cap Growth | | | AS1482 | METAS |  |  |  |
| Lord Abbett Bond Debenture | | | **unavailable** | **unavailable** |  |  |  |
| ClearBridge Aggressive Growth A | | | JR1482 | METJR |  |  |  |
| Calvert VP SRI Balanced | | | FR1532 | FR1534 |  |  |  |
| Calvert VP SRI Mid Cap Growth | | | FC1482 | METAAP |  |  |  |
| Fidelity VIP Growth | | | FG1482 | METFGR |  |  |  |
| Fidelity VIP Investment Grade Bond | | | FB1482 | METFBD |  |  |  |
| Clarion Global Real Estate Portfolio | | | RT1482 | METRT |  |  |  |
| MSF Jennison Growth Portfolio - Class A | | | JE1482 | METJE |  |  |  |
| SSgA Growth ETF Portfolio | | | CY1482 | METCY |  |  |  |
| MetLife Asset Allocation 20 Portfolio | | | M11482 | METM1 |  |  |  |
| MetLife Asset Allocation 40 Portfolio | | | M21482 | METM2 |  |  |  |
| MetLife Asset Allocation 60 Portfolio | | | M31482 | METM3 |  |  |  |
| MetLife Asset Allocation 80 Portfolio | | | M41482 | METM4 |  |  |  |
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| **Please choose one fixed fund for the plan. Fund will also be used for Forfeiture Allocations if applicable** | Fixed Interest Fund  Surrogate Key | METNCC  FB023 | | METNCC FB023 |  |  |  |
| Fixed Interest Fund  Surrogate Key | METFFA  FB029 | | METFFA  FB029 |  |  |  |
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| **Default Fund Allocation**  The default fund election is established to allow investment of participant deposits if an enrollment form is incomplete or not received by Met Life Service Center in Denver, CO prior to receipt of deposits. Once a participant account has been established, all new deposits will be applied to the investment options the participant has elected. It is the participant’s responsibility to call KeyTalk or visit the Web Site to transfer existing monies from the default investment option.  Please select Default fund from the Investment Fund listing and indicate below.  **Note: Be sure that it is a fund from the correct plan type.**   |  |  | | --- | --- | | **Default FUND NAME** | **FUND SDIO CODE** | |  |  |  |  |  | | --- | --- | | **Unallocated Plan Assets FUND NAME** | **FUND SDIO CODE** | |  |  |  |  |  | | --- | --- | | **Unclaimed Properties FUND NAME** | **FUND SDIO CODE** | |  |  | | | | | | | | |

**Notification of Escheatment Policy for Unclaimed Property (Uncashed Checks) for ERISA Plans Only**

**All states require financial institutions to report when personal property has been unclaimed after a specified period of time. Before unclaimed property (Uncashed Checks) can be considered abandoned or unclaimed, MetLife makes a diligent effort to locate the account owner. If unable to do so, and the property is unclaimed for the period of time specified by state law, MetLife reports the unclaimed property to the appropriate state according to state laws and annuity contract provisions. The state then claims the unclaimed property through a process called “escheatment.” For Plan Sponsors or Fiduciaries of Plans subject to ERISA, if you do not object to this Escheatment Policy, you will be deemed to consent to this escheatment policy as part of your acknowledgement of the Implementation Worksheet. If you decide not to accept this escheatment policy, and wish to treat the Plan’s unclaimed property (uncashed checks) in a different manner, please provide MetLife with written instructions regarding how unclaimed property should be administered.**

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| Automated Investment Strategies: (Please check if applicable or not) | |
| Equity Generator | Available  Not Available |

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| Commission Information(Required at submission to ensure applicable commissions are paid) | | |
| **First Agent Information** | | |
| Name:  Address:    City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail: PSC Login:            (Plan will be added to your PSC access) | | First Agent Distribution Channel & DAI#  MCPG MetLife Representative (MLIFE)  Broker (IND)  Other:  DAI#:  1st Agent split: |
| **Second Agent Information** | | |
| Name:  Address:    City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail:  PSC Login:            (Plan will be added to your PSC access) | | Second Agent Distribution Channel & DAI#  MCPG MetLife Representative (MLIFE)  Broker (IND)  Other:  DAI#:  2nd Agent split: |
| **Third Agent Information** | | |
| Name:  Address:    City:                 State:       Zip:  Phone: (    )      -  Fax: (    )      -  E-mail:  PSC Login:            (Plan will be added to your PSC access) | Third Agent Distribution Channel & DAI#  MCPG MetLife Representative (MLIFE)  Broker (IND)  Other:  DAI#:  3rd Agent split: | |
| **Default Agent Assignment (Unit Reserve Account) Information**  **\*\*\*REQUIRED or plan setup cannot commence\*\*\***  **Default Agent Distribution Channel**  **MetLife Resources (MLR)**  **Default DAI Region # -** “**AXXX5681” (select only ONE ‘XX’ value from the list of values available)**   |  |  |  |  | | --- | --- | --- | --- | | 08E MPCG OF GEORGIA  12M MPCG OF FLORIDA  15A MPCG TRI-STATE PARTNERS  28M METLIFE SOLUTIONS GROUP  38L MPCG OF THE CAROLINAS  39B MPCG OF MICHIGAN  57J MPCG OF RED RIVER VALLEY  61D BLUE OCEAN WEALTH SOLUTIONS an office of MetLife  62L MPCG OF OHIO  64H MPCG OF THE SOUTHWEST  65C MPCG OF NEW JERSEY  66M NEW ENGLAND FINANCIAL GROUP an office of MetLife  67J MPCG OF NEW YORK CITY  716 STRATEGIC FINANCIAL PARTNERS an office of MetLife  74B PREMIER WEALTH GROUP  75K MPCG OF GREATER PHILADELPHIA  76G MPCG OF THE SOUTH  76J NORTH SHORE FINANCIAL GROUP an office of MetLife  78J MPCG OF SOUTHERN CA  79H MPCG NEW YORK SOUTH | 80L MPCG OF CHICAGO-O'HARE  81J FLORIDA FI NANCIAL GROUP part of MPCG  81M BAYSTATE FINANCIAL  82K FINANCIAL PARTNERS GROUP an office of MetLife  83K CAPITAL STRATEGIES OF METLIFE  84J MPCG OF HOUSTON  88J MPCG OF THE MIDWEST  94L MPCG OF UPSTATE NEW YORK  95J MPCG OF THE NORTHWEST  97G MPCG OF UPPER MIDWEST  97J CENTENNIAL STATE FINANCIAL an office of Metlife  98J MPCG OF LOUISIANA  99Z FIRSTRUST FINANCIAL  B87 CITY HALL NY an office of MetLife  C75 PENNWOOD FINANCIAL GROUP an office of MetLife  E38 MPCG OF THE PACIFIC  G86 METLIFE EMPIRE GROUP  H03 MPCG OF WI & UPPER PENINSULA  L23 BARNUM FINANCIAL GROUP an office of MetLife  L56 MPCG OF THE MID-ATLANTIC |  |  | | | |
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|  | **Standard Comp**  **Non Standard Comp** | |

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| Plan Comments: (Please Note: To ensure proper plan set up, this section should be utilized to explain any other plan set up requirements or requests that are not covered in this worksheet. All additional requirements in this section may need to be reviewed and approved by MetLife before setting up on the plan) | |
| **Required Signatures:**  **Plan Sponsor acknowledges elections made on the Implementation Worksheet for plan provisions and services.** | |
| MetLife Signature (Account Executive, RMD, or FSR) | Name Date   Signature Revised Date (if applicable) |
| Plan Sponsor Signature | **I certify a copy of our current and signed W-9 form is attached.**    Name of Authorized Employer Representative Date    **Signature** |

**Please return the completed and signed documents to:**

**MetLife Premier Client Group  
New Business Implementation Department   
11225 North Community House Rd  
Charlotte, NC 28277   
Fax:  980-949-3937**