

# Confidential Memo

**From** Carol Abrahamson, COO, Invest n Retire [carol@investnretire.com](mailto:carol@investnretire.com)

**Re** Drafting documents for joining the multiple employer plan

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To be completed by an Adopting employer who wishes to join the multiple employer plan, Academy Benefit Partners 401(k) Profit Sharing Plan

**Provide the following information for your current plan**

**Plan name** \_\_\_\_\_

**Plan Type** \_\_\_\_\_ **Number of participants** \_\_\_\_\_

**Company name** \_\_\_\_\_

Company address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Provide the name(s) of the authorized person(s) who will execute the Adoption Resolution in order to join the Academy Benefit Partners 401(k) Profit Sharing Plan.** Example: Person(s) authorized to sign a board resolution on behalf of the company. Only one authorized signer is required. If more than one person will be executing the Adoption Resolution, please indicate the name and title of each person.

Authorized signer \_\_\_\_\_ Title \_\_\_\_\_

Authorized signer \_\_\_\_\_ Title \_\_\_\_\_

Authorized signer \_\_\_\_\_ Title \_\_\_\_\_

Name of contact person for company \_\_\_\_\_

Phone number of contact person \_\_\_\_\_

Email address of contact person \_\_\_\_\_

**Total current plan assets \$** \_\_\_\_\_

**Email a list of the current assets** to Carol at [carol@investnretire.com](mailto:carol@investnretire.com) or fax the list to 603-947-6410.

**Current employer contributions to eligible participants – please indicate Yes or No.**

Do you currently make an employer match contribution to each eligible employee?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Do you currently make an employer discretionary non-elective contribution (such as profit sharing) to each eligible employee?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Current Custodian**

Current Custodian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Account number(s) \_\_\_\_\_

**Current TPA / Administrator**

Current TPA / Administrator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Current Recordkeeper**

Current Recordkeeper \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Email this form and current asset information to Carol Abrahamson at [carol@investnretire.com](mailto:carol@investnretire.com)**

**Comments** \_\_\_\_\_  
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