

VIP Services: (888) 855-9856 | info@trustprovident.com  
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

(Under section 408(k) of the Internal Revenue Code)

## Employer Information

Adopting Employer Name		Phone	
<input type="text"/>		<input type="text"/>	
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adopting Employer Income Tax Year End (Month/Day)		Adopting Employer Federal Tax Identification Number	
<input type="text"/>		<input type="text"/>	

## Section 1

### Establishment and Purpose of Plan

There are no elections required for Section One. Refer to the Basic Plan Document for information regarding this section.

## Section 2

### Effective Dates *Check and complete Option A or B.*

**NOTE:** The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.

#### Option A

Initial adoption of a Simplified Employee Pension plan by the Employer.

Effective Date of this Plan



Generally January 1 of the year Adopted

#### Option B

Amendment and restatement of an existing Simplified Employee Pension plan (a Prior Plan).

Prior Plan Initial Effective Date

Amendment and Restatement Effective Date



Select Option B if you are transferring a SEP from a prior Custodian

## Section 3

### Eligibility and Participation *Complete Parts A through D, as appropriate.*

#### Part A: Service Requirement *(If left blank, the service requirement will be deemed to be 0 (zero).)*

An Employee will be eligible to become a participant in the Plan after having performed service for the Employer during at least

(0, 1, 2, or 3) of the immediately preceding five Plan Years.

**If Applicable:** For purposes of determining whether an Employee has met the service requirement, an Employee shall be given credit for service with the following predecessor employer(s).

**Part B: Age Requirement** *(If left blank, it will be deemed there is no age requirement for eligibility)*

An Employee will be eligible to become a Participant in the Plan after attaining age  *(no more than 21)*

**Part C: Employees Employed as of Effective Date** *(If no option is selected, Option 2 shall be deemed to be selected)*

Will an Employee employed as of the Effective Date of this Plan who has not otherwise met the age and service requirements of the Plan be considered to have met those requirements as of the Effective Date? *(Select one)*

- Option 1: Yes**       **Option 2: No**

**Part D: Class of Employees Eligible to Participate**

All Employees shall be eligible to become Participants in the Plan, except the following: *(Select any that apply)*

- Collective bargaining unit Employees as described in Section 3.02(A) of the Plan  
 Non-resident aliens as described in Section 3.02(B) of the Plan  
 Acquired Employees as described in Section 3.02(C) of the Plan  
 Employees who have received less than \$450 *(indexed for cost-of-living increases in accordance with Code section 408(k)(8))* of Compensation from the Employer during the Plan Year as described in Section 3.02(D) of the Plan

**Section 4**

**Contributions and Allocations** *Complete Parts A and B, as appropriate.*

**Part A: Contribution Formula** *(Select Option 1 or 2. If no option is selected, Option 1 shall be deemed to be selected)*

**Option 1: Discretionary Formula**

For each Plan Year the Employer will contribute an amount to be determined from year to year.

**Option 2: Fixed Percent of Profits Formula**

% of the Employer's profits that are in excess of  
\$

**Part B: Allocation Formula** *(Select Option 1, 2, or 3. If no option is selected, Option 1 (Pro Rata Formula) shall be deemed to be selected)*

**Option 1: Pro Rata Formula**

The Employer Contribution for each Plan Year shall be allocated in the manner described in Section 4.01(B) (1) of the Plan.

**Option 2: Flat Dollar Formula**

The Employer Contributions allocated to the IRAs of Participants, shall be the same dollar amount for each Participant.

**Option 3: Integrated Formula**

The Employer Contributions shall be allocated in the manner described in Section 4.01(B)(2) of the Plan.

Complete this section if "Option 3: Integrated Formula" is selected.

For purposes of the integrated formula, the integration level shall be:  
*(If no option is selected, Suboption (a) (Taxable Wage Base) shall be deemed to be selected)*

- Suboption (a): The Taxable Wage Base (TWB)       Suboption (b):  % of the TWB

## Section 5

## Compensation and Plan Year Elections *Complete Parts A and B, as appropriate.*

### Part A: Compensation *(If no option is selected, Option 1 shall be deemed to be selected)*

For purposes of Employer Contributions, Compensation will mean all of each Participant's: *(Select one)*

- Option 1: W-2 Wages       Option 2: Section 3401(a) wages       Option 3: 415 safe-harbor compensation

### Part B: Plan Year *(Select one. If no option is selected, Option 2 shall be deemed to be selected.)*

- Option 1: Calendar Year       Option 2: The 12-consecutive month period which coincides with the Adopting Employer's fiscal year.       Option 3: Other 12-consecutive month period  
*(Specify a 12-consecutive month period selected in a uniform and nondiscriminatory manner.)*

If the initial Plan Year is a short Plan Year (i.e., less than 12 months), specify such Plan Year's beginning and ending dates

## Section 6

## Amendment or Termination of Plan

There are no elections required for Section Six. Refer to the Basic Plan Document for information regarding this section.

## Section 7

## Employer Signature

I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the legal and tax implications of adopting this Plan. I understand that my failure to properly complete this Adoption Agreement may result in adverse tax consequences. I have received a copy of this Adoption Agreement and the Basic Plan Document.

X

Employer Signature *(Applies Only to SEP IRAs)*

\_\_\_\_\_  
Employer Name *(Please Type or Print)*

\_\_\_\_\_  
Date *(mm/dd/yyyy)*

Name of Prototype Sponsor

Provident Trust Group, LLC

Address

8880 W. Sunset Rd., Ste. 250

City

Las Vegas

State

NV

Zip

89148