

**Company Profile Form**

In order to assist you with the implementation of the Fidelity SIMPLE-IRA Plan and processing of contributions, we are requesting that you provide us with some information about your company. For help completing this form, call us at 800-544-5373. Please complete this form and return it with the SIMPLE-IRA Plan Adoption Agreement in the enclosed envelope, or mail them to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0038.

**Please complete all sections.**

**1 EMPLOYER INFORMATION**

Name of Employer (i.e., Company Name) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Permanent Street Address (No P.O. Boxes) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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

Tax Identification Number \_\_\_\_\_

Type of Business \_\_\_\_\_

What is the best time of day for Fidelity to call you regarding questions concerning your SIMPLE-IRA Plan?  
\_\_\_\_\_

**Note: Contributions cannot be made to the SIMPLE-IRA Plan for any year for which contributions are made or benefits accrued to another employer-sponsored retirement plan (e.g., a 401(k), SEP-IRA, or Keogh).**

**2 EMPLOYEE INFORMATION**

Please tell us the number of people you employ and an estimate of how many Eligible Employees will participate in the Plan so that we may send you the appropriate number of enrollment kits.

**Total number** of employees in your company (including yourself): \_\_\_\_\_

**Number of employees** eligible to participate in the Plan (including yourself) based on the eligibility requirements you elected on your Adoption Agreement: \_\_\_\_\_

**Please estimate** to the best of your ability the number of Eligible Employees who will participate in the Plan (including yourself): \_\_\_\_\_

**3 CONTRIBUTION PROCESSING**

**Eligible Employees Elective Deferrals, Employer Matching Contributions, and Nonelective Contributions** must be sent electronically via the Automated Clearing House (ACH). We will assist you and your payroll processor in setting up this service.

How is your payroll processed?  internally  externally

Name of internal person who processes your payroll:  
\_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of external payroll service (if applicable):  
\_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Payroll frequency:  weekly  bi-weekly  monthly

**Employees' Elective Deferrals** must be deposited no later than the 30th day following the last day of the month in which the deferrals are withheld from the Employees' Compensation. Employer Matching Contributions and Nonelective Contributions must be made by your company's tax filing deadline, including extensions, for the taxable year for which the contributions are made. Your bank or ACH service provider may charge you a transaction fee (on a per-employee/per-contribution basis) for sending contributions.

How often do you expect to send Employee Elective Deferrals?

regularly after each pay period  monthly

How often do you expect to send Employer Matching Contributions and Nonelective Contributions?

regularly after each pay period  monthly  annually

Please continue on the reverse side.

## 4 YOUR SIMPLE-IRA PLAN

Are you:

- establishing a new Fidelity SIMPLE-IRA plan or  
 transferring an existing SIMPLE-IRA plan to Fidelity?

[Transfer forms are included in the Employee Enrollment Kit.]

Two pricing options are available to meet your needs. Please choose one below. If you do not elect a pricing option, Option 1 will be the default provision.

- Option 1:** This is a more economical option for smaller-business owners; the fee is collected from your employees' SIMPLE-IRAs.
- \$25 annual fee per participant\*
  - Fee is collected from each participant's Fidelity SIMPLE-IRA
  - No account liquidation fee
- Option 2:** This provides maximum retirement benefit to your employees if your business pays for the SIMPLE-IRA Plan fee.
- \$350 annual plan fee\*
  - Fee is billed to the employer
  - No account liquidation fee

\*Regardless of the number of participants in your Fidelity SIMPLE-IRA Plan

## 5 SIGNATURE

I certify that the information provided on this form is correct.

\_\_\_\_\_  
Name of Employer (i.e., Company Name)

\_\_\_\_\_  
Name of Person Authorized to Sign on Behalf of Company  
(Please print.)

SIGNATURE OF AUTHORIZED PERSON                      DATE

X \_\_\_\_\_

(Please keep a copy of this form for your records.)



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