



ELIGIBILITY FORM

The following questions are designed to help you, the Employer, along with your attorney and tax advisor, determine if you are eligible to adopt a SIMPLE IRA plan. Please answer the following questions.

REQUIREMENTS

YES NO

- 1. Do you own or control a business for which you provide personal services and receive income?
If the answer is NO, STOP. You are not eligible to establish this Plan.
- 2. Do you have more than 100 employees who received at least \$5,000 of compensation from you in the previous calendar year?
If the answer is YES, STOP. You are not eligible to establish this Plan (certain acquisition exception rules apply).
- 3. Have you maintained any other qualified plan during the current calendar year in which contributions were made or benefits were accrued?
If the answer is YES, STOP. You are not eligible to establish this Plan.

NOTE: If your business

- is a member of a controlled group of corporations, businesses, or trades, (whether or not incorporated) within the meaning of IRC Section 414(b) or 414(c);
- is a member of an affiliated service group within the meaning of IRC Section 414(m); or
- uses the services of leased employees within the meaning of IRC Section 414(n);

you may have to include the leased employees and/or employees of the other business(es) in your Plan. Please consult your tax advisor to determine what additional action, if any, you must take.

SIGNATURE IMPORTANT: Please read before signing.

- I certify that:
- 1. I am an authorized representative of the Employer and the Employer is eligible to establish the SIMPLE IRA plan of the Prototype Sponsor.
 - 2. In determining my eligibility to adopt this Plan, I relied solely upon the advice of my own advisors.
 - 3. I agree not to hold the Prototype Sponsor responsible for any liabilities I may suffer as a result of being found ineligible to establish this Plan.

DATE EXECUTED _____

TYPE NAME OF EMPLOYER _____

SIGNATURE OF EMPLOYER _____