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|  |  |   |   | www.sdrettrementplans.com   |
|--|--|---|---|---|
| Name   |  |   | I   | Date  |
| Street   |  |   | <del>!</del>  |   |
| City   |  | State   | 2   | Zip   |
| Phone  | Alt. Phone   |   | Fax   |   |
| E-mail   |  |   |   |   |
| <ul><li>Includes</li><li>Documents – Prototype 401(k)</li></ul>  | ` '  | order Form oth Option.  |   |   |
| • <b>File SS- 4</b> – File for Employer l  | dentification Number f   | rom the IRS   |   |   |
| • Help Set up 401(k) Account –   | Set up 401(k) account  | with a "True" Se  | lf-Directed 4   | 01(k) trustee.  |
| • Coordinate with custodian (if Subscription Agreement, Account  |  | •   |   | ian including:,   |
| Annual administration fees to be \$ you have \$250,000 in your 401(K)  | •  |   |   |   |
| Self-Directed I  | Retirement Plans, LLC has the METHOD OF  |   | credit card belo  | w   |
| Credit Card ( ) Visa (   | ) Master Card ( )  | American Expre  | ss  |   |
| Card #   |  | c   | VC code:  | Check #   |
| Exp. Date:   |  | Three-digit numl  | per on the back of yo   | ur card   |
| I have read and agree to the terform. I may cancel this transact have read the notice of cancell right.  Furthermore, I understand that according to the plan. In the exprofessional guidance on the restand that according to the plan. | tion any time within sation on the reverse s<br>I am creating a full fl<br>vent I consider, or hir | seven days afte<br>side of this agre<br>edged pension<br>e, an employee | r the date of<br>ement for an<br>plan that mu<br>I understand | this transaction. In explanation of this list be operated dishould seek |
| Signature  |  |   | Date  |   |

You have contracted with Self-Directed Retirement Plans, LLC, a pension consulting firm. to perform the work requested on the front side of this document. This includes permission for SDRP LLC to obtain EIN numbers from the IRS. In order to help us give you the highest level of support, we will expect your complete cooperation with our office in providing us with the requested documents and information, keeping us appraised of any changes in facts and circumstances that affect your plan before its completion, and the payment of our bills in a current and timely manner.

#### **Right of Rescission**

You have a seven day Right of Rescission period beginning on the date you signed this contract. To exercise your rescission rights under this clause, you must notify in writing Self-Directed Retirement Plans, LLC. prior to midnight of the seventh day. In the event you wish to cancel services after that time, a \$300 administrative fee, as well as any actual costs will be deducted from any refunds.

Once we provide you with the completed documents no refund requests will be accepted.

#### **Matters Specifically Excluded From this Agreement**

Our representation of you is limited to the production of documents listed on the front of the contract. Service specifically excluded from this agreement are:

- 1.) IRS and state tax compliance and reporting requirements for you or any of the entities created pursuant to the scope of this agreement.
- 2.) Representation of you in any proceedings or before any regulatory agency.
- 3.) Issues specific to the laws of your state.

If you want us to represent you for any matter not specifically listed in the "Scope of Project," including, without limitation, any of the matters listed in this "Matters Specifically Excluded from the Engagement," then we must enter into a separate agreement to do so. Nothing in this agreement shall be deemed an acceptance of our offering these additional services on your behalf.

While we are available to provide you with ongoing advice, we are not obligated to do so unless you specifically request us to perform a specific service. It is our policy to put all advice on which a client might rely in writing. We believe that is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put in writing by our firm after a full supervisory review.

### **Penalties and Fines**

You agree that it is your responsibility to know if you will incur any fees, penalties, or fines that you may incur if you liquidate any of your current IRA investments, and thus hold Self-Directed Retirement Plans, LLC harmless in such an event. Additionally while we strive to expedite this process as quickly as possible, the average length of time is about two to three weeks. Due to that fact, you should not enter into any contracts for investments until the procedure is finished. If you do enter into a contract before completion, you agree that we are not liable for any damages due to any delays.

#### Severability

Every provision of this agreement is severable. If any provision hereof is held to be illegal or invalid for any reason whatsoever, it shall not affect the validity of the remainder of this agreement.

### **Limitations on Liability**

You agree that our maximum liability to you for any negligent errors or omissions committed by us in the performance of the engagement will be limited to three times the amount of our fees for this engagement, except to the extent determined to result from our gross negligence or willful misconduct.

Furthermore, because there are inherent difficulties in recalling or preserving information as the period after an engagement increases, you agree that, notwithstanding the statute of limitations of the State of Arizona, any claim based on this engagement must be filed within twelve months after performance of our service, unless you have previously provided us with a written notice of a specific defect in our services that forms the basis of the claim.

#### **Applicable Law**

The laws of the State of Arizona shall govern the interpretation of this agreement.

## 401(k) Rules Acknowledgement

### **INITIALS**

| Signature  | Date   |                        |
|--|--|------------------------|
|  | F-Directed Retirement Plans, LLC does not provide clients we made using the plan are my/our sole responsibility as the des   |                        |
| I understand that no re                                    | elated individual may personally guarantee any loan for the b  | penefit of the 401(K). |
|  | certain situations, the income earned by my 401(K) will be s within my 401(K) or it's LLC, or if I borrow money and subject to taxes.  |                        |
|  | nature of this information, I understand it is my responsibilityw.sdretirementplans.com, and that if I have any questions  |                        |
| I understand that the 401(k) takes on average 2 to 3 weeks | e entire process to move the assets from my old IRA/401 s.   | (K) custodian to my    |
| exempt my 401 (k) from the prohibite                       | use of the LLC inside my 401(K) does not exempt my 401 (k) ed transaction rules. Thus my 401 (k)'s LLC cannot engage any entity that is partially owned by a related party.  |                        |
|  | (k)'s LLC cannot invest in collectibles. I agree that if I have e or not, I will consult with my tax advisor before making the   |                        |
| Anytime I make a contribution to the                       | n not commingle the assets in the 401(k)'s LLC with my pers 401(K), or take a distribution, I must run those requests three it out directly from the LLC for personal expenses.  |                        |
|  | ets inside my 401(K)'s LLC can only be used for investment these assets for personal expenses such as rent, mortgage or only the second |                        |
| the trustee of the plan and manager of                     | ransferring my 401 (k) assets into an LLC owned by my 401 of the LLC. I am acting as a fiduciary, because of such, I acceekbook control of the 401(K)'s assets.  |                        |

# 401(K) PLAN INFORMATION

### **Personal Information (Client)**

| Name:                                 |                              |
|---------------------------------------|------------------------------|
| Address:                              | County:                      |
| City:                                 | State: Zip:                  |
| Phone: Alt. Phone:                    | Fax:                         |
| E-mail:                               |                              |
| DOB/                                  | SS#                          |
| Personal Information (Spouse)         |                              |
| Name:                                 | Phone:                       |
| E-mail:                               |                              |
| DOB/                                  | SS#                          |
| Adopting Employer Information – 40    | 1(k) Sponsor                 |
| Company/Sponsor Name:                 |                              |
| Address:                              |                              |
| Federal EIN#:                         | Fiscal year end:             |
| Type of Entity: Corp S                | Corp LLC Sole Proprietorship |
| Entity (USA - State of Organization): |                              |
| Number of Employees other than your & | & your spouse:               |
| Do you own > 80% of any other busines | ss? Yes No                   |

### **Limited Liability Company Information**

| 1 <sup>st</sup> name choice: |         | , LLC.  |
|------------------------------|---------|---------|
| 2 <sup>nd</sup> name choice: |         | _, LLC. |
| Address:                     |         |         |
| City / State / Zip:          | County: |         |

### **Managers and Members**

| Manager  |                                      |        |  |
|--|--------------------------------------|--------|--|
|  |                                      |        |  |
| Address:   | County                               | У      |  |
| City:  | State:                               | Zip:   |  |
| Will your spouse also be a (If not, add additional man | manager of the LLC? Yes agers below) | No     |  |
| 2 <sup>nd</sup> Manager                                |                                      |        |  |
| Address:   | County                               | у      |  |
| City:  | State:                               | _ Zip: |  |
| Member   |                                      |        |  |
| Address:   | Count                                | У      |  |
| City:  | State:                               | _ Zip: |  |
| 2 <sup>nd</sup> Member                                 |                                      |        |  |
| Address:   | County                               | у      |  |
| City   | State:                               | 7in:   |  |