

Requesting a Solo(k) account is a simple process that starts here.

Once the plan is approved, the account holder will receive a plan package that will need to be digitally signed to complete the process.

Have questions? Call us at 866-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com

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210.95 12,411.80

Solo(k) account request

- Fill out this online form and submit to generate PDF.
- Download and print the completed form for (2) the account holder to sign.
- Mail the signed form with the BD1 and 3 POL45 Disclosure form to Primerica.

Get started





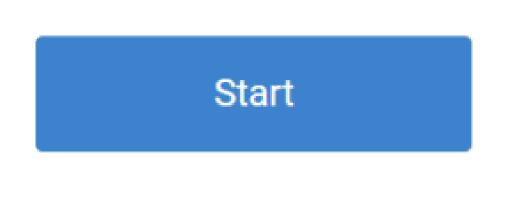
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complete
-

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Before you start

- wing Solo(k) request form will take roughly 10-15 minutes to and submit.
- Please note: You must complete the entire form. If you exit before submitting, you will have to start again.
- You will need to have the following information ready before you start the request process:
- Advisor contact information
- Investment selection and election percentage
- Plan information and contacts
- Account holder information
- Statement preferences







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Advisor information

Please provide your CRD number, name, email, and rep code.

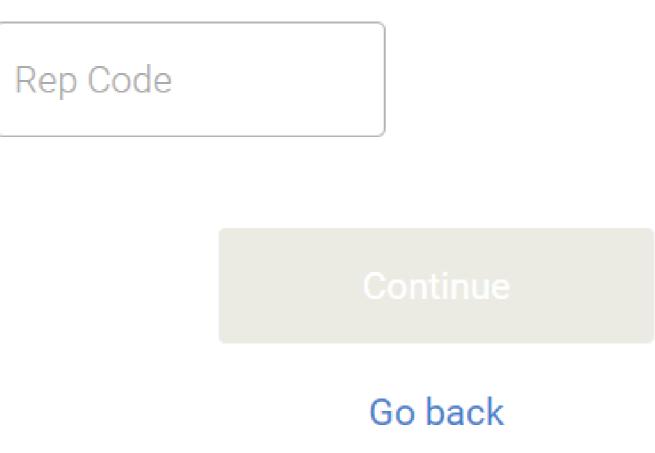


Name and email

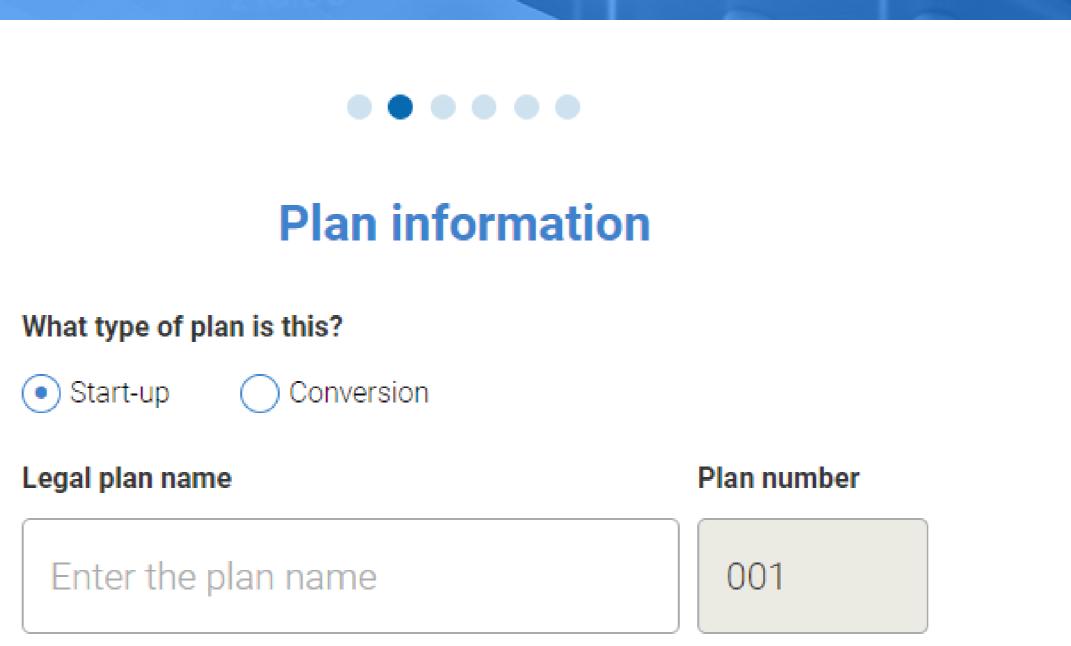
First	Last

Email

Rep code







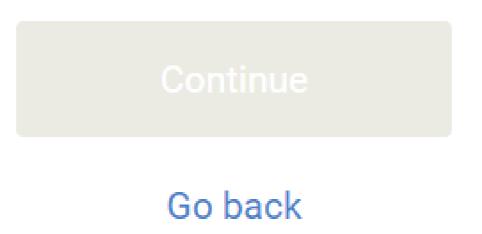
Please ensure the spelling, puncutation and capitalization is correct for the plan name.

If this is the first qualified retirement plan the account holder has sponsored enter 001. If they have sponsored any other qualified retirement plan, enter as appropriate, i.e., 002, 003.

Plan effective date



If this is a start-up plan, effective date can not be sooner than current fiscal year.







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	Plan infor	mation		
What type of plan	is this?			
◯ Start-up	 Conversion 			
Legal plan name			Plan number	
Enter the pla	an name		001	
If this is the first qualifie	ng, puncutation and capitali d retirement plan the accou alified retirement plan, ente	unt holder has spons	ored enter 001. If they	have
Plan effective dat	e Asset	s (\$)		
MM/DD/YYY	Y 15			
	Go ba	ck		





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Provider information

Please note that our team will not contact the plan's current provider until after it has received written notification of the conversion of the plan.

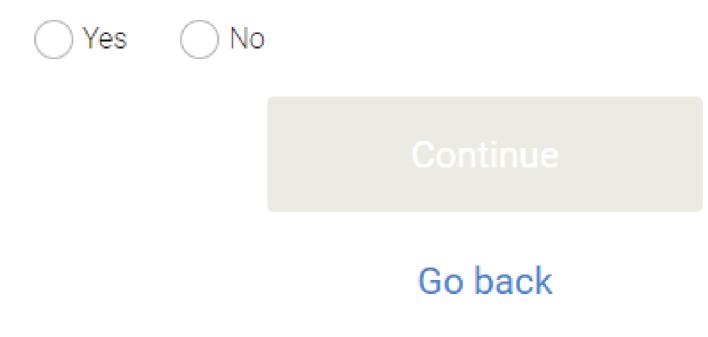
Current provider

Provider name

Choose current provider

Current third party administrator (TPA)

Is there an outside TPA on the existing Solo(k) plan?







Provider information

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Please note that our team will not contact the plan's current provider until after it has received written notification of the conversion of the plan.

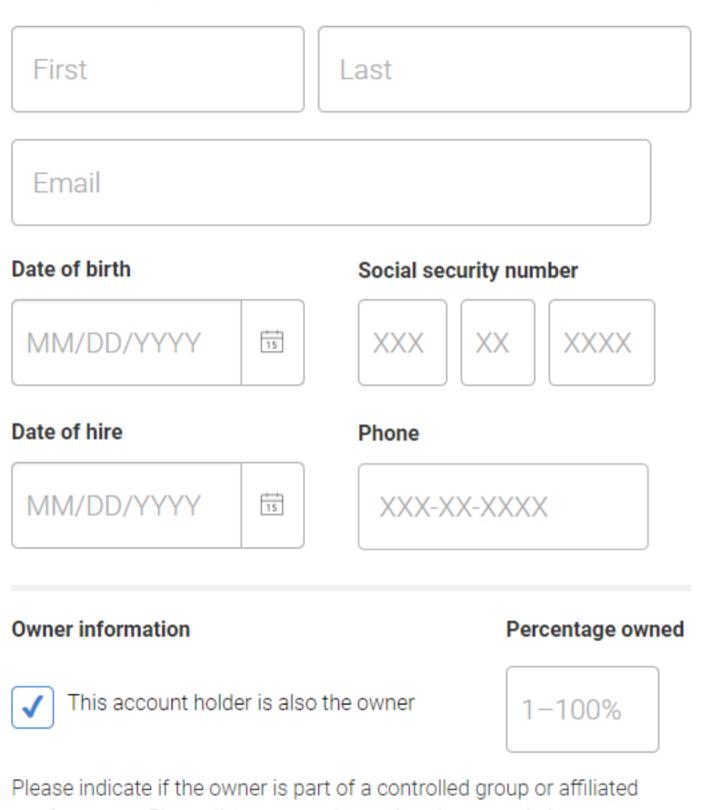
Current provider		
Provider name		
Provider not listed		•
Company information		
Company		
Street address		
City	Select state 🔹	Zip
• Yes 🕜 No	n the existing Solo(k) plan?	?
TPA name		•
Company information		
Company		
Street address		
City	Select state 🔹	Zip
	Continue	
	Go back	

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Account holder information

Name and email

MM/DD/YYYY



service group. Please list any members of such groups below.

No controlled or affiliated service group exists

O Controlled group exists

Affiliated service group exists

What is a controlled group and affiliated service group?

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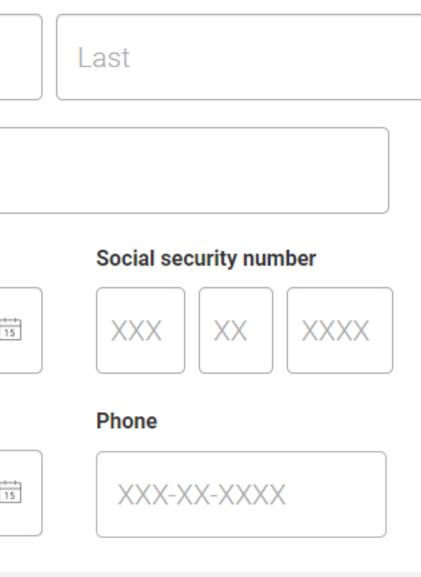
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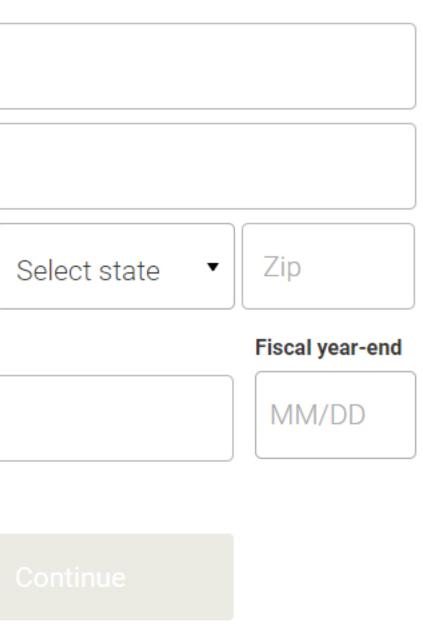


$\bullet \bullet \bullet \bullet \bullet \bullet$ Account holder information Name and email First Last Email Date of birth Social security number MM/DD/YYYY 15 XXX XX XXXX Date of hire Phone 15 MM/DD/YYYY XXX-XX-XXXX **Owner information** Percentage owned This account holder is also the owner \checkmark 1-100% Please indicate if the owner is part of a controlled group or affiliated service group. Please list any members of such groups below. O No controlled or affiliated service group exists Controlled group exists Affiliated service group exists What is a controlled group and affiliated service group? Legal name Name Street address City Zip Select state ▼ Federal tax ID Fiscal year-end MM/DD Tax ID

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Company information

Business information

Company name

Street address

City

Employer identification number (EIN)

EIN #

Don't have an EIN? Apply for one today 🛛 🛃

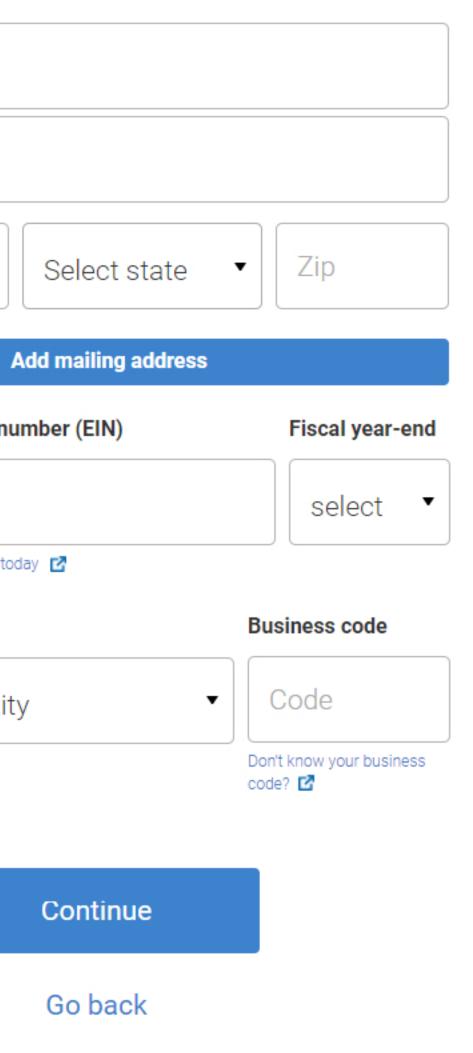
Type of entity

Select type of entity

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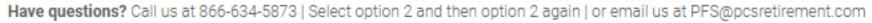
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Other retirement plans

Please indicate if the account holder currently maintains or has maintained any other retirement plan that is not subject to this agreement within the last five years.



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• Yes No

Continue







Enter your total election percentage for each fund selected. Your total election must total 100%.

Fund name

Choose fund

+ Add Fund

View Franklin Templeton Solo(k) Investment Options



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Investment selection



Total election: 0% Z





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Fund Contributions

By completing the following information, Client has authorized PCS Retirement and Franklin Templeton Investments, or their authorized agent to initiate contributions or deposits to the Client's Plan Account.

How will contributions be funded to the plan?

Check - Check sent by participant
 ACH transfer – initiated by PCS Retirement

Deposit instructions for check

Please note that if a check is not made payable in the above manner, Matrix Trust Company cannot guarantee the bank will accept the check for deposit.

Rollover forms and investment instruction should be communicated to the TPA/Recordkeeper

Plan Contribution Checks

Make checks payable to: Matrix Trust Company FBO Enter Plan Name

Rollover Contribution Checks

Make checks payable to: Matrix Trust Company FBO Enter Plan Name FAO (participant name)

Reference Line For All Checks Enter Matrix Plan Account Number

Contribution check mailing instructions - Matrix Phoenix Lockbox Standard Mail: Matrix Trust (Phx) P.O. Box 21196

New York, NY 10087-1196

Overnight Mail: (must be received by 12pm ET for same-day credit)

JPMorgan Chase - Lockbox Processing Attn: Matrix Trust (Phx) - Lockbox 21196 4 Chase Metrotech Center, 7th Floor East Brooklyn, NY 11245

Contributions

You will be able to contribute as frequently as you would like, once you are provided access to your account.

Would you like us to setup a frequency for your contributions?



Frequency of contributions

4 contributions per month - Provide dates (ex: dd)

2 contributions per month - Provide dates (ex: dd)

1 contribution per month - Provide date (ex: dd)

1 contribution per quarter - Provide dates (ex: dd/mm)

1 contribution per year - Provide dates (ex: dd/mm)

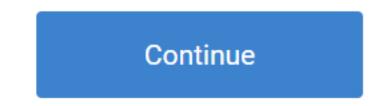


Provide the amount that needs to be processed based on the frequency selected

Roth Post Tax:	\$ Dollars
Traditional Pre Tax:	\$ Dollars
Employer Match:	\$ Dollars
Profit Sharing:	\$ Dollars



Total Contribution: \$ 0



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Fund Contributions

By completing the following information, Client has authorized PCS Retirement and Franklin Templeton Investments, or their authorized agent to initiate contributions or deposits to the Client's Plan Account.

How will contributions be funded to the plan?

Check - Check sent by participant ACH transfer – initiated by PCS Retirement

Financial Institution

Includes credit unions from which debits are to be made. Mutual fund accounts and brokerage accounts are not eligible financial institutions. The bank routing number is a nine-digit number which you must obtain from your financial institution.

Financial institution information

Financial institution name

Street address

City	select -	Zip

Bank Account Number

Bank Routing Number

Type of Account



Contributions

You will be able to contribute as frequently as you would like, once you are provided access to your account.

Would you like us to setup a frequency for your contributions?



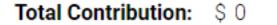
Frequency of contributions

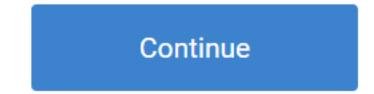
4 contributions per month - Provide dates (ex: dd) 2 contributions per month - Provide dates (ex: dd) 1 contribution per month - Provide date (ex: dd) 1 contribution per quarter - Provide dates (ex: dd/mm) 1 contribution per year - Provide dates (ex: dd/mm)



Provide the amount that needs to be processed based on the frequency selected

Roth Post Tax:	\$ Dollars
Traditional Pre Tax:	\$ Dollars
Employer Match:	\$ Dollars
Profit Sharing:	\$ Dollars







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Are there any additional account holders for this account?

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Additional account holders

• Yes No

Continue





Additional account holder information

Name and email

First

Email

Date of birth



Date of hire



Does the other account holder want to elect different investments than the primary account holder?



Fund name

Select fund

+ Add fund

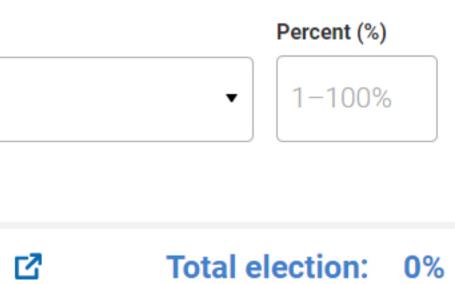
View Franklin Templeton Solo(k) Investment Options

+ Add participant

Have questions? Call us at 866-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com

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	Last		
15	Social se	curity nur	mber
	Phone		
15	XXX-	<	X











Are there any additional owners for this account?



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Additional owners



Continue





Additional owner information

Owner name

Name

+ Add owner

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Percentage owned

1-100%

Continue



Account holder statements and agreements

The client has the option of having statements both mailed directly to the account holder(s) and posted to the their account website or only posted to the their account website. Please select the desired distribution method below.

Paper statements and e-statements
mailed directly to the account holder(
e-statements on their account websit
expenses apply.
E-statements will be posted via the a
(www.pcsretirement.com) only. Pleas
for each eligible employee must be p
account holder(s) with a workplace e
personal email address upon termina
note that the account holder(s) have
free of charge, a paper version of the
information required under the Emplo
Security Act of 1974 ("ERISA") §105 a
Regulation §2550.404a-5.
I agree that all the information I have
I agree to provide each of these agre
Service Agreement with PCS Retirement,
Custedial Account Agreement with Advis
Schedule of Ancillary Services - Exhibit A

Have questions? Call us at \$66-634-5873 | Select option 2 and then option 2 again | or email us at PFS@pcsretirement.com

e-statements - Paper statements will be ccount holder(s) via regular U.S. mail and post account website. Postage and fulfillment

osted via the account website om) only. Please note that an e-mail address yee must be provided with this option, and the a workplace email address must provide a s upon termination of employment, Please nolder(s) have the right to request and obtain, version of the pension benefit statement nder the Employee Retirement Income ERISA") §105 and Department of Labor ("DOL") a-5.

prmation I have provided is accurate

n of these agreements to the account holder(s)

PCS Retirement, LLC ment with AdvisorTrust Inc.

MASTER RETIREMENT PLAN SERVICES APPLICATION

(For Tax-Qualified Defined Contribution Plans)

This Master Retirement Plan Services Application ("Application") is submitted by the client/plan sponsor identified below ("Client" or "You"), an entity or individual that has the authority to bind the retirement plan identified below ("Plan") to the terms of this Application and the enclosed agreements ("Agreements"), to PCS Retirement, LLC ("PCS"), a provider of recordkeeping and administration services for a wide variety of employee benefit plans, and AdvisorTrust, Inc. ("AdvisorTrust"), a South Dakota chartered trust company, regarding the provision of services to the Plan.

1. Client Information (Plan Sponsor Information)

Name of Client: Tes Part

Address: 123 Main St

City, State, Zip: Tampa , Florida 33626

Employer Identification Number: 123456

information required under the Employee Retir Security Act of 1974 ("ERISA") §105 and Department of Labor ("DOL") Regulation §2550.404a-5.

I agree that all the information I have provided is accurate

I agree to provide each of these agreements to the account holder(s)

Service Agreement with PCS Retirement, LLC Directed-Trustee Agreement with AdvisorTrust, Inc. Custodial Account Agreement with AdvisorTrust, Inc. Schedule of Ancillary Services - Exhibit A Sample Board Resolution

Submit

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Zoom:	Q	Q	C	-	±	1	х
			-				

	Finish & download	Cancel	
ement Income			





Thank you

Fill out this online form and submit to generate PDF.

Download and print the completed form for the participant to sign.

Mail the signed form with the BD1 and POL45 Disclosure form to Primerica.



- E-statements only PCS Retirement will post e-statements via the PCS participant website (www.pcs401k.com) only. Please note that an e-mail address for each eligible employee must be provided with this option, and participants with a workplace email address must provide a personal email address upon termination of employment. Please note that participants have the right to request and obtain, free of charge, a paper version of the pension benefit statement information required under the Employee Retirement Income Security Act of 1974 ("ERISA") §105 and Department of Labor ("DOL") Regulation §2550.404a-5
- I agree that all the information I have provided is accurate
- I agree to provide each of these agreements to the account holder(s)

Service Agreement with PCS Retirement, LLC Directed-Trustee Agreement with AdvisorTrust, Inc. Custodial Account Agreement with AdvisorTrust, Inc. Schedule of Ancillary Services - Exhibit A Sample Board Resolution

Submit

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