



NOTICE OF INTENT

Office: 6501 Deane Hill Dr, Knoxville, TN 37919

EMPLOYER INFORMATION

Legal Employer Name _____
Plan Name _____
Employer Street Address and Mail _____
Drop City, State, Postal Code Country _____
 (if other than USA) _____
Employer Business Telephone Number _____
Date & State of Incorporation _____
Employer Identification Number (EIN) _____
Payroll Provider/Software _____

Executive Contact Name _____
(Plan Fiduciary, higher level Plan decisions) _____
 Send Deposit Confirmations and Plan Reports to this Contact? Yes No
Executive Telephone Number _____

Executive Email Address _____

Primary Contact Name _____
(day-to-day plan contact person) _____
 Send Deposit Confirmations and Plan Reports to this Contact? Yes No
Primary Telephone Number _____

Primary Email Address _____

Plan Signers & Title(s) _____ (1)
 Please provide two signers in the event of an emergency. If _____ (2)
 no second signer is available please write N/A.

PLAN INFORMATION

Plan Type & Features (choose all that apply):
 401(k) Match Profit Sharing Money Purchase
 Safe Harbor 401(k) 403(b)

Type of Entity Corporation Governmental Entity Nongovernmental Tax-Exempt Org.
 S - Corp Sole Proprietorship LLP
 Partnership Tax-Exempt Organization LLC If you are a LLP or LLC, How are you taxed? S-Corp C-Corp

Employer Status: Single Employer Controlled Group Affiliated Service Group *Requires Letter certification

Ownership Information: (Include all owners names & percentages owned) *If additional space is needed, please write see attached and provide an excel or word document.

(1) _____ (3) _____
 (2) _____ (4) _____
*Does any owner or the company have any ownership in any other companies? ____ Yes ____ No
 If Yes, please provide a complete list of all ownership for each company owned.

Family Members Employed by Sponsor (1) _____ (4) _____
 (please include relationship): (2) _____ (5) _____
 (3) _____ (6) _____

Total Number of W-2 Employees _____ Estimated First Year Annual Deposit _____
 Current Plan Assets, If Transfer Plan _____ Rollover Assets _____

For Transfer Plans:
 Who is the current Recordkeeper: _____ Who is the current Third Party Administrator (TPA): _____

Additional ITEMS REQUIRED for all plans:
 * Complete Employee Census on the required TAG template
Additional ITEMS REQUIRED for a Takeover Plan:
 * Copy of SIGNED Current Adoption Agreement including Loan Policy & * Most Recent Compliance Testing Results

Please return to plandocs@tagresources.com and include your TAG Sales Rep & Sales Support.