

PARTICIPATING EMPLOYER ADOPTION AGREEMENT

The undersigned, _____ (“Participating Employer”), by executing this Adoption Agreement, hereby adopts the Administrative Resources, Inc. _____ (Name of Plan Sponsor) retirement plan and its related trust (The “Plan”). Administrative Resources, Inc. _____ (“Plan Sponsor:), by executing this Adoption Agreement, hereby consents to the adoption of the Plan by the Participating Employer. By entering into this Adoption agreement, the Participating Employer adopts the Plan in full as if the Participating Employer were a signatory to the Plan.

Effective Date

The “Effective Date” of the adoption of the Plan is _____.

[] Accelerated Eligibility Requirements

The Participating Employer hereby elects to waive the following eligibility requirements for Employees who are performing services on behalf of the Participating Employer as of the Effective Date:

The age requirement is hereby waived.

The one (1) year of service requirement is hereby waived.

Individuals for whom the eligibility requirements are waived will be immediately eligible to participate in the Plan. Any Employees who begin performing services on behalf of the Participating Employer after the date set forth above must satisfy the Plan’s regular eligibility requirements.

[] Discretionary Matching Contribution

The Participating Employer hereby makes a discretionary matching contribution of _____ % of the Participant’s contributions which do not exceed _____ % of the Participant’s Compensation. This matching contribution will only be payable to the Employees who are performing services on behalf of the Participating Employer and will remain in effect until amended in writing by the Participating Employer. Forfeitures attributable to matching accounts will be applied to reduce future matching contributions.

[] Discretionary Nonelective “Profit Sharing” Contribution

The Participating Employer hereby acknowledges that discretionary nonelective “profit sharing” contributions may be made to eligible Employees who are performing services on behalf of the Participating Employer using the non-integrated formula. Forfeitures attributable to profit sharing will be split among eligible Employees.

The Participating Employer agrees that it is adopting the Plan for the benefit of its Employees (as such term is defined in the Plan) and shall assume the full responsibility for the operation of the Plan.

The Participating Employer agrees to disclose to the Plan Sponsor all information reasonably required for the proper administration of the Plan.

The Participating Employer understands that if the Plan as adopted by the Participating Employer becomes "top-heavy" (as defined in Section 416 of the Internal Revenue Code), a minimum contribution may have to be made to the Plan on behalf of the Participating Employer's "non-key employees" (as defined in Section 416 of the Internal Revenue Code). If the Plan as adopted by the Participating Employer becomes top-heavy, the Participating Employer agrees to make any minimum contribution required by law and the Participating Employer acknowledges that it is solely responsible for any such required contribution.

The Participating Employer agrees that the Plan Sponsor has made no representations to the Participating Employer regarding the legal or financial impact of the adoption of the Plan by the Participating Employer.

The Participating Employer agrees to hold the Plan Sponsor harmless against any claims, taxes or costs of any kind incurred by the Participating Employer as a result of the adoption of the Plan and Participating Employer's failure to fulfill its obligations and duties with respect to the Plan. The Participating Employer agrees to indemnify the Plan Sponsor for any claims, taxes or costs incurred by the Plan Sponsor at any time as a result of the Participating Employer's failure to fulfill its obligations and duties with respect to the Plan.

The Participating Employer recognizes that it is in its best interest to have the Plan reviewed by legal counsel to ensure that the Plan as adopted by the Participating Employer is suitable and appropriate for adoption by the Participating Employer.

By executing this Adoption Agreement, the Participating Employer agrees to all of the obligations, responsibilities and duties imposed with respect to the Plan, including the responsibility for making all required contributions to the Plan on behalf of its Employees. The Participating Employer hereby agrees to the provisions of the Plan and, in witness of their agreement, the Participating Employer and the Plan Sponsor have executed this Adoption Agreement on

this _____ day of _____ 20_____

For the Participating Employer,

_____:

Signed by: _____ Printed Name: _____

For The Plan Sponsor, Administrative Resources, Inc.

PARTICIPATING EMPLOYER PROFILE INFORMATION

Plan Sponsor: Administrative Resources, Inc.

Financial Consultant: N/A **Phone:** N/A

Employer: _____ **Phone:** _____

Address: _____ **Fax:** _____

_____ **EIN:** _____

_____ **Contact Name:** _____

Business Entity:

C-Corporation S-Corporation Sole Proprietorship Partnership
 501 (c) (3) Other organization (specify) _____

Business Entity effective date: _____ **Fiscal Year End:** _____

Nature of Business: _____

What type of plan will you be adopting?

401 (a) Money Purchase 401 (a) Profit Sharing 401 (k) / Profit Sharing Simple 401(k)/IRA

What is the total number of employees that work at your job-site? _____

How many employees there are not "leased"? _____

Principals	Title	Percentage of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any owners or family members jointly have > = 50% ownership in another Business? _____

Does this business own any other business? _____ **If "YES" was answered in the previous two questions, then provide the following information about the other business(es):**

Name of Business	EIN	Principals	% Ownership	Nature of Business
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____

Number of Employees	Number excluded from participation	Are employees included on census?
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

PLEASE USE ADDITIONAL PAGES IF NECESSARY

(If "no", proceed to the last page. If "yes", then continue.) YES NO
[] []

- a. Was there any loss to the plan caused by fraud or dishonesty? [] []
- b. Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any owner of more than 10%, or their relatives? [] []
- c. Were there any loans or extensions on any loan or any loans to the plan delinquent? [] []
- d. Has the plan granted an extension on any loan or are any loans to the plan delinquent? [] []
- e. Did the plan acquire or hold any employer security or real property? [] []
- f. Has any fiduciary and a financial interest in excess of 10% in any party providing services to the plan or received anything of value from that party? [] []
- g. Did the plan make any distributions or loans to married participants without the required written consent of the participant's spouse? [] []
- h. Has the employer owed contributions to the plan, which are more than three months overdue? [] []
- i. Has the employer owed employee contributions to the plan, which are more than fifteen business days overdue? [] []
- j. Has the plan ever been determined to be Top Heavy? [] []
- k. Is the plan or trust presently under examination or is any issue related to this plan or trust currently pending before the IRS, DOL, PBGC, or any court? (If "yes", attach a statement explaining the issues involved and who is considering them.) [] []

2. Plan name: _____ Plan Number: _____

Type of Plan: _____ # of participants: _____ Plan Year End: _____

Rate of contribution and/or benefit formula: _____
If terminated, date of termination _____

3. Investment Advisor: _____ Phone: _____

Investment Company: _____

Account Number: _____

Address: _____

Administrator: _____ Phone: _____

4. Submit the following:

- a. Copy of the plan document
- b. Form 5500 and related schedules for the last two years
- c. Most recent valuation
- d. Last annual valuation

AFFIRMATION

I, the undersigned, do attest that the information contained herein is true, complete and correct. I accordingly indemnify all parties who may rely on such information. If a change in this information occurs, I pledge to notify the Plan Sponsor in writing as soon as practicable. I further acknowledge that I cannot operate a separate retirement plan while myself or the employees working at my job-site are participating in the plan of the Plan Sponsor.

For the Employer:

Signature Date

Title

Signature Date

Title

Signature Date

Title

Name of Business	EIN	Principals	%Ownership	Nature of Business
A. _____	_____	_____	_____	_____
B.. _____	_____	_____	_____	_____
C.. _____	_____	_____	_____	_____
Number of Employees	Number Excluded from participation	Are employees Included on census?		
A. _____	_____	_____		
B.. _____	_____	_____		
C.. _____	_____	_____		

PLEASE USE ADDITIONAL PAGES AS NECESSARY