



Account Number _____

Rep ID _____ Alternate Branch _____

PROTOTYPE SEP ADOPTION AGREEMENT

CLIENT INFORMATION

Name and Address

The undersigned employer hereby establishes, on the date indicated, RBC CM's Prototype Simplified Employee Pension Plan (the "Plan") and agrees that the following elections and terms shall be part of such Plan.

Business Name and Address

Phone Number

Contact Person

PLAN INFORMATION

IRA Custodian: RBC Capital Markets, LLC. **Sponsoring Organization:** RBC Correspondent Services, a division of RBC Capital Markets, LLC ("RBC CM"), Member NYSE/FINRA/SIPC.

The Plan Year shall mean (check one):

- Calendar Year
- 12-consecutive month period commencing on _____, and each anniversary thereof.

* If the employer maintains a SEP and desires to change to a year other than a calendar year, the provisions of Section 2.03(d) must be met.

ELIGIBILITY

All Employees of the Employer shall be eligible to participate under the Plan, except:

- Employees included in a unit of employees covered under a collective bargaining agreement described in Section 2.02(a) of the Plan.
- Non-resident aliens described in Section 2.02(b) of the Plan.
- Employees who are otherwise eligible but earn less than \$450 (as adjusted for cost of living increases) during the Plan Year for which the contribution is being made.

Each eligible Employee will be eligible to become a Participant after having attained age _____ (minimum age not to exceed 21) and having worked for the employer _____ (minimum service years not to exceed 3) out of the immediately preceding 5 plan years.

WRITTEN ALLOCATION FORMULA

The Employer shall contribute on behalf of each Participant for each plan year as follows (check one):

- Fixed Percentage: _____ % (not to exceed 25%) of each Participant's Compensation
- Flat Dollar: \$ _____ per Participant (not to exceed \$40,000*)
- Discretionary Employer Contributions: In each Plan Year, the Employer agrees to provide contributions in behalf of each Participant in the same proportion as such Participant's Compensation bears to all Participant's Compensation for such year.
- Integrated Formula: (Check (i) or (ii) and (iii), if applicable):
 - i.) Definite Integrated Formula: The Employer shall contribute to the Plan based on the following and in accordance with Section 3.04(a) of the Plan.
 - **Base Contribution Percentage (BCP):** First an amount equal to _____% (must be at least 3%) of each Participant's Compensation not in excess of the integration level; plus
 - **Excess Contribution Percentage (ECP):** An amount equal to _____% (at least 3% but not to exceed the BCP by more than the lesser of the BCP or the Maximum Disparity Rate) of the Participant's Excess Compensation.
 - ii.) Discretionary Integrated Formula: The amount of employer contributions shall be determined by the Employer and allocated in accordance with Section 3.04(b) of the Plan.
 - iii.) The Integration Level is equal to: Taxable Wage Base (TWB); or _____% of the TWB (not to exceed 100%).

***In no event shall the Employer Contribution indicated above exceed the lesser of 25% of each Participant's Compensation or \$40,000, as adjusted for cost of living increases.**



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INVESTMENT PROVISIONS

The IRA accounts of each shall be established and maintained with the Custodian.

IRA Trustee/Custodian, named above **Or** A Trustee/Custodian of Participant's choice

SIGNATURES

Employer

By (Authorized Signature) _____ Date _____

Print Name from Signature Above

Employer: Provide one copy to RBC CM. Retain original.

The IRA Disclosure Statement, Custodial Account Agreement and the SEP Disclosure Form must accompany this document.