



# GRACE GLOBAL ALLIANCE

## Grace Global Alliance 403(b)(9) Church Retirement Plan and Trust

### Plan Information

Employer Legal Name: \_\_\_\_\_

Employer I.D. Number (EIN): \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Main Contact E-mail: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Authorized Signer E-mail: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Type of Organization:

Address: \_\_\_\_\_  
Street Address

☐ Steeple Church ☐ QCCO

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal Business Activity: \_\_\_\_\_

Telephone: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Fax: \_\_\_\_\_

Lead MEP Contact name: **Allen Hargis**

E-Mail Address: [allen@allenphargiscpa.com](mailto:allen@allenphargiscpa.com)

Fiscal Year End: \_\_\_\_ / \_\_\_\_  
Month Day

Payroll Dates:

Plan Year End: \_\_\_\_ / \_\_\_\_  
Month Day

1<sup>st</sup> payroll: \_\_\_\_\_

Initial Effective Date of Plan: \_\_\_\_\_

2<sup>nd</sup> payroll: \_\_\_\_\_

Effective/Restatement Date: \_\_\_\_\_

**Prior TPA/Vendor Contact Information REQUIRED  
(if applicable):**

**Is this a Takeover?** ☐ No ☐ Yes (if yes answer below)

Name: \_\_\_\_\_

Was the plan previously a stand-alone plan and it is going to an MEP?

Contact name: \_\_\_\_\_

☐ No ☐ Yes

Phone number: \_\_\_\_\_

Are there assets in the Plan?

Email address: \_\_\_\_\_

☐ No ☐ Yes Amount: \$ \_\_\_\_\_

Please list Special Notes NBS should be aware of:

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Employer Name

Signature of Participating Employer

Date Signed