



Self Directed IRA

S E R V I C E S I N C

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Form 5305-SEP

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service

Simplified Employee Pension-Individual Retirement Accounts Contribution Agreement

(Under section 408(k) of the Internal Revenue Code)

OMB No. 1545-0499

Do not file with
the Internal
Revenue Service

_____ makes the following agreement under section 408(k) of the
Internal Revenue Code and the instructions to this form.

(Name of Employer)

Article I – Eligibility Requirements (check applicable boxes – see instructions)

The employer agrees to provide discretionary contributions in each calendar year to the individual retirement account or individual retirement annuity (IRA) of all employees who are at least _____ years old (not to exceed 21 years old) and have performed services for the employer in at least _____ years (not to exceed 3 years) of the immediately preceding 5 years. This simplified employee pension (SEP)

☐ includes ☒ **does not** include employees covered under a collective bargaining agreement, ☐ includes ☒ **does not** include certain nonresident aliens, and ☐ includes ☒ **does not** include employees whose total compensation during the year is less than \$450*.

Article II – SEP Requirements (see instructions)

The employer agrees that contributions made on behalf of each eligible employee will be:

- A. Based only on the first \$205,000* of compensation.
- B. The same percentage of compensation for every employee.
- C. Limited annually to the smaller of \$41,000* or 25% of compensation.
- D. Paid to the employee's IRA trustee, custodian, or insurance company (for an annuity contract).

Signature Important: Please read before signing.

- I certify that:
1. I am authorized to establish this SEP plan on behalf of the employer.
 2. The employer is eligible to establish this SEP plan.
 3. In determining its eligibility to adopt this SEP plan, the employer has relied solely upon the advice of its own advisors.
 4. The employer agrees not to hold Self Directed IRA Services, Inc. responsible for any income tax liabilities it may suffer as a result of being found ineligible to establish this SEP plan.

Employer Signature _____ Date _____

Printed Name and Title _____

* For 2005 and later years, this amount is subject to annual cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS website at www.irs.gov.