

The SECURE 2.0 Act introduced new optional provisions for SEP IRA plans. The IRS has not updated the 5305-SEP form for SECURE 2.0 provisions. If you wish to adopt Roth Employer contributions for your SEP IRA plan, we enclose a model 'SEP IRA SECURE 2.0 Kit' which you may elect to use in conjunction with 5305-SEP form that is available at <https://www.axosadvisorservices.com/forms-and-applications>.

Documents included in 'SEP IRA SECURE 2.0 Kit':

- **Additional SECURE 2.0 Plan Provisions Employer Election Form:** This form is intended for the employer to specify how the plan will be operated concerning these provisions until formal plan amendments are available. Complete, sign, and retain this election form with your SEP IRA plan documents to record your elections for the plan.
- **Pre-Tax/Roth Employer Contribution Election Form:** if you permit employees to choose to receive employer contributions as SEP Roth contributions in place of pre-tax employer contributions under the plan, this form may be provided to each employee who may be eligible to participate in your plan.

**Important:** Participants who elect to receive employer Roth contributions will be taxed on these contributions in the year the contributions are received and will receive a 1099-R form reflecting the taxable amount.

While Axos Advisor Services is providing these forms for your convenience, it is important to remember that it is the SEP IRA plan sponsor's/employer's responsibility, and not Axos Advisor Services', to monitor for any changes to the IRS plan adoption forms and to ensure your SEP IRA plan and plan documentation (including all forms) are up to date and comply with all applicable laws, rules, and regulations. Ensure that each eligible employee who wishes to receive employer Roth contributions establishes a SEP Roth IRA at Axos Advisor Services prior to receiving the contributions. All Roth contributions must be deposited into SEP Roth IRA.

**Please read the important disclosures below.**

Axos Advisor Services makes no representation or warranty that any of the products, services, and publications or forms referenced in this notice meet or comply with any current or future laws, regulations, or rulings, or interpretations of any current or future laws, regulations and rulings. Axos Advisor Services does not provide financial, legal, accounting, or tax advice. Always consult your own financial legal, accounting, and tax advisors.

Standard SEP

Additional SECURE 2.0 Plan Provisions Employer Election Form

**IMPORTANT:** The SECURE 2.0 Act created optional provisions for SEP plans. This form is designed to allow you, the Employer, to specify how you intend to operate your SEP Plan with respect to these provisions until formal Plan amendments become available. Complete, sign, and keep this election form with your SEP Plan documents to document your elections for the Plan.

Section A. General Information

Name of Plan

Name of Adopting Employer

Address

CityStateZip

Section B. Roth Employer Contributions

Availability of Employer Contributions as Roth Employer Contributions

Will a Participant be permitted to choose to receive Employer Contributions as Roth Employer Contributions in place of pre-tax Employer Contributions under the Plan? (Select one. If Roth Employer Contributions will be allowed, also indicate the effective date.)

☐ Option 1: Yes. A Participant may choose to receive Employer Contributions as Roth Employer Contributions into the Plan effective (mm/dd/yyyy).

☐ Option 2: No.

NOTE: If no option is selected, Option 2 will apply.

Section C. Employer Acknowledgment and Signature

1. I understand that I am responsible for ensuring that the changes above accurately reflect the operation of my SEP Plan as of the effective date(s) stated above, that all eligible Employees are properly informed of the changes to the SEP Plan, and that such changes are in compliance with the applicable laws and related guidance governing SEP plans.
2. I acknowledge that I have taken all necessary actions to initiate the changes above (e.g., notifying Participants, execution of a board resolution). In addition, I understand that it is my responsibility to notify the applicable payroll providers and/or SEP IRA Trustees, Custodians, and Issuers of the changes to the operation of my Plan.
3. I acknowledge that the Treasury Department has issued minimal guidance pertaining to these provisions under the SECURE 2.0 Act and that there is additional anticipated guidance expected that may affect Plan operation decisions. I assume any responsibility for any operational errors that may result from such future guidance unless the IRS provides relief.
4. I understand that this form is not, nor is it intended to be, an amendment to the Plan; that I will be responsible for reviewing and executing an amendment in the future to formally adopt these changes; and that the SEP Prototype Sponsor or document provider is not providing legal or tax advice.

Signature

Name of Adopting Employer

Date Signed

X

Signature for Employer

Title

# Pre-Tax/Roth Employer Contribution Election Form

**IMPORTANT:** Your Employer has chosen to allow Participants to designate whether they wish to receive Employer Contributions as pre-tax Employer Contributions or Roth Employer Contributions. If you choose to receive pre-tax Employer Contributions, you will not be taxed on the contribution until you withdraw it from your Traditional IRA. If you choose to receive Roth Employer Contributions, you will be taxed on the contribution in the year that it is made to your Roth SEP IRA and your Employer will not withhold for taxes on those contributions. You will receive IRS Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., to reflect the taxable Roth Employer Contribution.

## Section A. General Information

### Employer and Plan Information

Name of Plan \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

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

### Employee Information

Name of Employee \_\_\_\_\_

Home Address \_\_\_\_\_

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

Employee Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Section B. Employer Contribution Election and Authorization *To be completed by the Participant*

I, the undersigned Participant, wish to receive any Employer Contribution made on my behalf as specified below. I understand that this election will continue to apply until I change it. *(Select one)*

☐ I elect to designate 100% of my Employer Contribution as a pre-tax Employer Contribution.

☐ I elect to designate 100% of my Employer Contribution as a Roth Employer Contribution.

**NOTE:** If no election is made, your Employer Contribution will be made as a pre-tax Employer Contribution.

I agree that any Employer Contributions will be paid in the manner indicated above. The decision as to what type of Employer Contribution I elect to receive (pre-tax or Roth) is my own, and no tax advice has been given to me by my Employer. I understand that if I elect to receive Roth Employer Contributions, I must include the amount of my contribution in my income in the year that it is made to my Roth SEP IRA, and I expressly assume responsibility for any tax consequences that may arise. This election will continue to be effective until I change or terminate it. I acknowledge that I have read this entire Pre-Tax/Roth Employer Contribution Election Form, I understand it, and I agree to its terms.

### Signature

**X**

Participant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**X**

Authorized Signature for Employer \_\_\_\_\_

Title \_\_\_\_\_