# **Attention!**

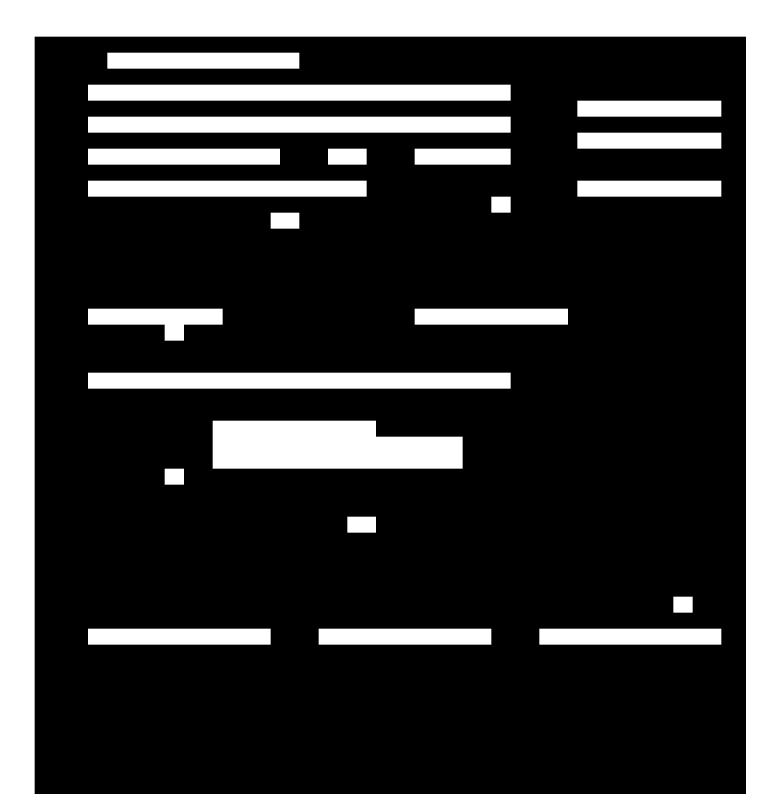
This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules;* and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.* 

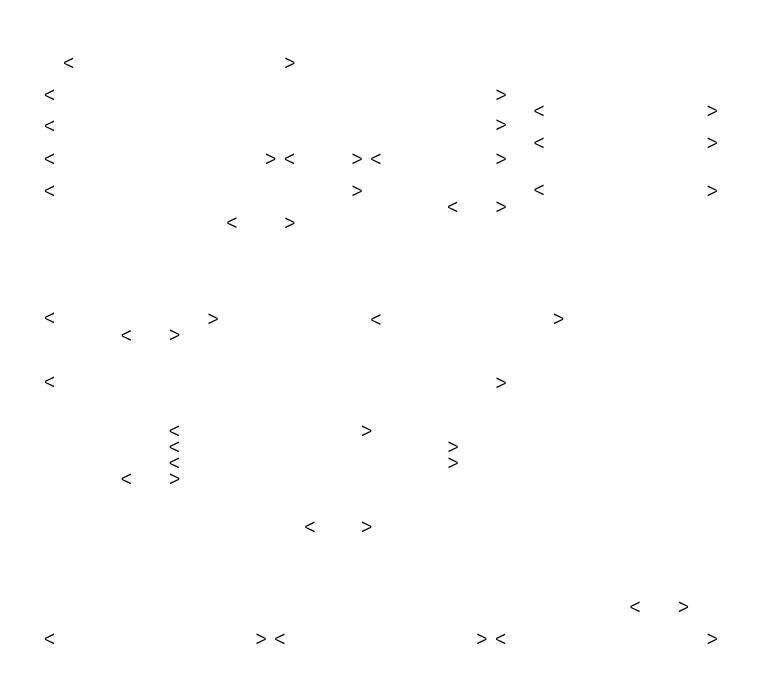
The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

	ment of the Treasury I Revenue Service		Applicatio Master or ional Prot ubmitter Ado		OMB No. 1545-0169 This Form Is Open to Public Inspection				
File	This Form With th	e Internal Revenue Servi				For IRS L	lse Only		
Sect	ion references are	to the Internal Revenue C	ode unless o	otherwise noted.					
The	first page of the	e application is compu	iter scanna	able. For the applic	auon to	to File folder			
	processed, all er		number						
The that	answer to the n indicates your a	one may be submitted nultiple choice question answer to the question able item on this form.	ons should	be indicated by er	ntering wit	thin the b	rackets the number		
1	Enter amount of u \$	ser fee submitted							
2a	Name of sponsoring organization						2b Employer identification number of sponsoring organization		
	Address (number,	Address (number, street, room or suite no.) (If a P.O.		x, see the instructions	)				
						Sponsoring of	rganization's telephone no.		
	City		State	ZIP code		(	)		
3a	Name of person to	be contacted			3b	Telephone	e number		
20	If a power of atter	ney is attached enter the n	umbor #1# in	the breekste		(	)		
3C 4		5	umper i ir						
4	Type of sponsoring organization								
	(1) Bank			(2) Trade or profession					
	<ul><li>(3) Insurance company</li><li>(5) Regulated investment company, investment</li></ul>			<ul> <li>(4) Nonbank trustee (attach copy of authorization letter)</li> <li>(4) Other (anality)</li> </ul>					
		principal underwriter	estment	(6) Other (specify)					
5a	Basic plan docum			<b>b</b> Adoption agreem	ent number				
6	This plan is:								
	(1) Word-for-w	vord identical		(2) A minor modificatio	n (attach list	of delineated	d changes and explanation)		
7	Name of mass su	omitter							
8		g information for the mass th the mass submitter's ap			an is based	(if this app	lication is submitted		
	File folder number	·		_					
	Letter serial numb	er	,						
_	Date of letter	/	/						
9	Type of plan:			(0) T (1)		/ <b>-</b> `			
	(1) Money pu			<ul><li>(2) Target benefit</li><li>(4) Defined benefit</li></ul>		(5)	Profit-sharing/401(k)		
10	(3) Profit-shar	ing an (see General Instructior	ne)	(4) Defined benefit					
10	0		13/						
	<ul><li>(2) Standardiz</li><li>(3) Nonstanda</li></ul>	zed plan, not paired zed, paired plan (identify p ardized plan ardized safe harbor plan	olan(s) pairec	l with this plan by plar	n name and	number or	an attached sheet)		
		acement plan of any other e folder number(s) of the			ation? (1)	Yes (2)	No		
	Reminder: A repla	cement plan must be of t	he same typ	e as the plan(s) replac					

Signature Required on Following Page



< 4461-8 > <Rev.8/94>



< 4461-8 > <rev.8 94=""></rev.8>		Applica Approval of Master or Regional P	OMB No. 1545-0169									
	ment of the Treasury I Revenue Service		Adopting Sponsor	This Form Is Open to Public Inspection								
		ne Internal Revenue Service	· · ·	For IRS Use Only								
Sect	tion references are	to the Internal Revenue Code unle	ess otherwise noted.									
The	first page of the	e application is computer sca	innable. For the applic	cation to File folder number								
be p	be processed, all entries on page one must be typed. No reproductions or substitutes of page one may be submitted.											
The	answer to the r	nultiple choice questions sho	ould be indicated by e	entering within the brackets the number								
Com	ndicates your applied	answer to the question. cable item on this form.										
1		user fee submitted										
20	\$ <	ing organization										
Za				<ul><li>2b Employer identification number</li><li>of sponsoring organization</li></ul>								
	Address (number	street, room or suite no.) (If a P.O.	hox see the instructions	s) < >								
				> 2c Sponsoring organization's telephone no.								
	City	Sta	te ZIP code	e < (								
	<	> <	> <	>								
3a	Name of person t	o be contacted		<b>3b</b> Telephone number								
	<	ney is attached enter the number "1	_ >	< ( >								
		mey is attached enter the number "1 ng organization $<$ >	1" in the brackets ► <	>								
	(1) Bank		(2) Trade or professi	ional association								
	(3) Insurance			e (attach copy of authorization letter)								
		I investment company, investment	(6) Other (specify)									
50	advisor or Basic plan docum	r principal underwriter	<b>b</b> Adoption agreem	nont number								
Ja	<		<									
6	This plan is: <		` <u> </u>									
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7	Name of mass su		(2) ////////////////////////////////////									
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8		g information for the mass submitt ith the mass submitter's application		lan is based (if this application is submitted								
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	Date of letter	ber </th <th>/ &gt;</th> <th></th>	/ >									
9	Type of plan: <	>										
	(1) Money pu		(2) Target benefit	(5) Profit-sharing/401(k)								
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10	•	an (see General Instructions) <	>									
		zed plan, not paired zed, paired plan (identify plan(s) pa	aired with this plan by pla	an name and number on an attached sheet)								
	(3) Nonstand			an name and number on an attached sheety								
		ardized safe harbor plan										
	Is this plan a repl	acement plan of any other plan(s)		zation? (1) Yes (2) No < >								
b	If "Yes," list the fi	le folder number(s) of the plan(s) re	eplaced:									
	<	> <		_><>								
	Reminder: A repla	acement plan must be of the same	type as the plan(s) replace	iced.								
of, the	e mass submitter plan i		f a regional prototype plan, that	plan that is word-for-word identical to, or a minor modification t the sponsor has adopted a regional prototype plan that is								
	isoring Organization) ture ►	٦	Title ►	Date ►								
0	s Submitter)											
	ture ►	1	Title ►	Date ►								

For Paperwork Reduction Act Notice, see page 2.

**Paperwork Reduction Act Notice.**—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us this information. We need it to determine whether you meet the legal requirements for plan approval.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping			7 hr., 25 min.		
Learning about the					
law or the form .			1 hr., 16 min.		
Preparing the form.			2 hr., 22 min.		
Copying, assembling, and					

sending the form to the IRS . 16 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224; and the Office of Management and Budget, Paperwork Reduction Project (1545-0169), Washington, DC 20503. DO NOT send this form to either of these offices. Instead, see Where To File below.

## General Instructions Purpose of Form

Use Form 4461-B to apply for approval of a plan submitted by a mass submitter on behalf of an adopting sponsoring organization or sponsor, which is based on a plan submitted by the mass submitter. The term "sponsoring organization," used on Form 4461-B, also includes the term "sponsor." See **Definitions** below.

#### **Completing Form 4461-B**

This form is designed to be used with optical scanning equipment and must be filed in its original form. No reproductions or substitutes of page one will be accepted. All entries must be typed in black ink in either pica or elite, 10 or 12 characters to the inch.

Be sure to submit a complete and accurate application. Complete every applicable line on the application. If your application is not complete, we will return it without processing it. **User fee.**—All applications must be accompanied by the appropriate user fee from the schedule set forth in Rev. Proc. 94-8, 1994-1 I.R.B. 176, when Form 4461-B is filed with the National Office. Applications submitted without the proper user fee will not be processed and will be returned to the applicant. When Form 4461-B is filed with a key district office, attach **Form** 

with a key district office, attach **Form 8717**, User Fee for Employee Plan Determination Letter Requests, and the appropriate user fee. Do not submit a copy of the plan if you are submitting the application to the National Office on behalf of a sponsoring organization who adopted a master or prototype mass submitter plan.

If you are submitting the application to a key district office on behalf of a sponsor who adopted a regional prototype mass submitter plan, submit the following:

1. Form 4461-B;

2. Form 8717;

**3.** A declaration by the mass submitter that the sponsor has adopted a particular word-for-word identical regional prototype plan of the mass submitter. The declaration must identify the plan by letter serial number and the date of the notification letter;

**4.** A copy of the plan and the trust or custodial account documents; and

**5.** A written agreement signed by the sponsor relating to the registration requirements specified in section 14.05 of Rev. Proc. 89-13, 1989-1 C.B. 801.

Rev. Proc. 89-13 has been modified by the following:

Rev. Proc. 90-17, 1990-1 C.B. 497, Rev. Proc. 90-20, 1990-1 C.B. 495, Rev. Proc. 90-21, 1990-1 C.B. 499, Rev. Proc. 91-41, 1991-2 C.B. 697, Rev. Proc. 92-41, 1992-1 C.B. 870, Rev. Proc. 93-9, 1993-1 C.B. 474, Rev. Proc. 93-12, 1993-1 C.B. 479, and Rev. Proc. 94-12, 1994-3 I.R.B. 18.

#### Who May File

Only mass submitters may file this form.

#### Where To File

If you are filing on behalf of a sponsoring organization, submit the application to: Internal Revenue Service, Assistant Commissioner (Employee Plans and Exempt Organizations), Attn: E:EP:Q, P.O. Box 14073, Ben Franklin Station, Washington, DC 20044.

If you are filing on behalf of a sponsor, submit the application to the appropriate key district office serving your geographic area. See Form 8717, for a list of key district offices.

**Signature.**—The application must be signed by the mass submitter and sponsoring organization. If a power of attorney authorizes the mass submitter to sign the form on behalf of the sponsoring organization, attach the power of attorney to Form 4461-B.

**Disclosure requested by taxpayer.**— The Tax Reform Act of 1976 permits a taxpayer to request the Service to disclose and discuss the return or return information with any person or persons whom the taxpayer designates in a written request. If you want to designate a person(s) to assist in an application for approval, you must provide the IRS office of jurisdiction with a written request that contains:

• The taxpayer's name, address, employer identification number, and plan number(s).

• The name, address, social security number, and telephone number(s) of the person or persons whom you are authorizing to receive return information.

• A paragraph that clearly describes the return or return information that you authorize the IRS to disclose.

• An authorized signature (see **Signature** above).

As an alternative to providing the above statement, **Form 2848**, Power of Attorney and Declaration of Representative, may be submitted.

#### Definitions

Master or prototype mass submitter.— Any entity (whether or not such entity is a sponsoring organization) that submits applications for at least 10 sponsoring organizations that will sponsor a word-for-word identical master or prototype plan. A mass submitter that is a sponsoring organization may count as one of the 10 sponsoring organizations.

Replacement plan.—A plan submitted by a sponsoring organization that restates or amends a prior plan of the sponsoring organization which has a "favorable TEFRA opinion letter" as of the date the replacement plan is submitted. Except to the extent permitted under Regulations sections 1.401(a)-4 and 1.411(d)-4, a replacement plan must preserve all section 411(d)(6) protected benefits that were provided under the replaced plan, and must be the same type as the plan replaced (e.g., both plans are money purchase plans). The plan replaced can only be replaced by one basic plan document; but such replacement may contain additional adoption agreements.

**Sponsoring organization**.—A bank (as defined in section 581), an insured credit union within the meaning of section 101(6) of the Federal Credit Union Act, a person that has been approved by the Service in accordance with Regulation section 1.401-12(n) to act as a nonbank trustee, an insurance company, a regulated investment advisor that has an advisory contract with one or more regulated investment companies, or a principal underwriter that has a principal underwriting contract with one or more regulated investment companies. The term "sponsoring organization" also includes a trade or professional organization having characteristics similar to those described in section 501(c)(6) which markets its plan only to its members in their capacity as adopting employers.

#### **Regional Prototype Plan Mass**

Submitter.—Any person, whether or not such person is a sponsor, that can establish that if it receives a favorable notification letter for a regional prototype plan it has submitted to the Service, there are at least 50 unaffiliated sponsors that will adopt the plan on a word-for-word identical basis.

**Sponsor.**—A firm, other than a sponsoring organization, that (1) has an established place of business in the United States where the records of the firm are accessible during each business day, and (2) either has at least 30 clients that have their principal place of business within the jurisdiction of not more than two regions of the Service and are expected to adopt the sponsor's regional prototype plan, or has at least three clients that are expected to adopt a mass submitter regional prototype plan for which a favorable notification letter has been issued to its sponsor.

### **Specific Instructions**

#### Master or Prototype Plans

Line 2a.—Enter the name and address of the plan sponsor. If the Post Office does not deliver mail to the street address and the sponsor has a P.O. box number, show the box number instead of the street address.

Line 3a.—The person to contact must be an employee or an authorized representative of the mass submitter. If the person is other than an employee of the mass submitter, please enclose an authorized power of attorney. See **Disclosure requested by taxpayer** on page 2.

Line 5a.—Enter the two-digit basic plan document number you have assigned to the basic plan document that accompanies the adoption agreement for which you are requesting approval. All basic plan documents from one sponsoring organization that is the same (word-for-word) should use the same two-digit number on all applications. The first basic plan document submitted should be numbered "01," the second, "02," etc.

Line 5b.—Enter the three-digit number you have assigned to the adoption agreement for which this application is submitted. Each different adoption agreement designed to accompany a single basic plan document should be given a different three-digit number beginning with "001." Adoption agreements submitted with the second or any subsequent basic plan documents (that are not word-for-word identical to a previously submitted basic plan document) should be similarly numbered beginning with "001."

Line 6.—If this plan is a minor modification, attach a copy of the mass submitter plan with the minor modifications underlined in red, or otherwise highlighted, as well as a statement indicating the location and effect of each change. Line 8.—If this application is based on an application submitted by a mass submitter and simultaneously filed with the mass submitter's application, enter in the brackets designated for the file folder number the plan document number and the plan number of the mass submitter's plan on which this plan is based. Do not complete the rest of line 8.

Line 11.—Replacement plans.—If this application is for a replacement plan, enter the file folder numbers of each plan being replaced. If more than three plans are being replaced, attach an additional sheet to the back of this application and list the file folder numbers for these plans.

### **Regional Prototype Plans**

Complete lines 1, 2(a), 2(b), 2(c), 3(a), 3(b), 3(c), 4, 5(b), 6, 7, 9 and 10.

The term "sponsoring organization" should be interpreted to mean "sponsor" as defined in Rev. Proc. 89-13.

Line 3(a).—See instructions above.

Line 5(b).—Enter the three-digit plan number.

**Line 6.**—The plan must always be word-for-word identical.