

### Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core 132 document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field. You may also print a blank form and write in the information. [When the form is complete, go to www.core132.com to order your package online.](http://www.core132.com)

**Purchaser Information** (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Ship Document to:  Purchaser  Employer

**Employer Information for Plan Documents – Exactly as it should appear in the plan document. Print clearly.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (owner/controller, document signer)

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Form of Business:**  S Corporation  C Corporation  LLC  Partnership  Sole Proprietorship  
 Government  Non-Profit 501(c)(3)

**Employer Federal ID#:** \_\_\_\_\_ **State of Inc.:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Legal Name(s) of Affiliated Company(ies) that will be covered by the Plan (if any):**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Name of Plan Administrator: (Employer unless otherwise listed)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Effective Date will be:**

a) a new plan effective date as of (date) \_\_\_\_\_  
 b) Amend and restate an existing Section 132(f) as of (new date for this updated plan): \_\_\_\_\_  
If this is an amended and restated plan, state the (old) original effective date: \_\_\_\_\_

**Plan Year - The first plan year will be:**

a) a 12 consecutive month period beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_  
 b) a short plan year beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_

**Waiting Period:** Employees can participate the  1<sup>st</sup> day of employment, or  1<sup>st</sup> day following, or  1<sup>st</sup> day of month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

**Please tell us how you found Core Documents:**  Search Engine  Agent  Google Ad  Other \_\_\_\_\_

Employer: \_\_\_\_\_

**Do you want your Core 132 package in the Deluxe Binder version or the Basic PDF Option?**



- Deluxe Binder – New Core Premium Only Plan Document** **\$199.00**   
 In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

**OR**



- Basic PDF Option - New Core Premium Only Plan Document** **\$149.00**   
 PDF Document Processed Quickly and Sent Via E-Mail

**Optional modules and services (can be added to either of the above options):**

- Plan Document on USB drive - in addition to PDF email and/or mailed binder** **\$25.00**   
 Documents provided in PDF format only. Forms in MS Word format.  
 Always have a safe backup copy of your plan document on USB drive.
- Rush Order - Your order automatically queued for immediate processing** **\$25.00**
- 2nd Year Update - discounted 25% when added to new document order** **\$100.00**   
 Save 22% off the normal \$129.00 update price.  
 This option entitles you to one plan document amendment in the first 36 months.

**Update and Amend a plan document originally produced by Core Documents:**

- Update/Amend a Section 132(f) Plan Document** **\$129.00**

**TOTAL** \_\_\_\_\_ \$ TOTAL

When the form is complete, go to [www.Core132.com](http://www.Core132.com) to order your Core 132 package online.



**Invoice me via email, please complete the following:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address for Invoice: \_\_\_\_\_

**If paying by check, please complete the following:**

Your order can be processed with the following checking account information and authorization.

Name as it appears on the check:

\_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

 \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Sample Check**

TONY MAPLE  
JENNIFER MAPLE  
123 Pear Lane  
Anyplace, GA 00000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYPLACE BANK  
Anyplace, GA 00000

For \_\_\_\_\_

Routing number: (250250025) Account number: 2020201861234

1234  
15-00000000  
DOLLARS

Do not include the check number.



The routing and account numbers may be in different places on your check.

**If paying by credit card, please complete the following:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

 \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Refund Policy:** Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: [CoreService@CoreDocuments.com](mailto:CoreService@CoreDocuments.com)

Toll Free Voice: 888-755-3373 Fax: 941-795-4802