

# Application for Approval of Master or Prototype Plan

## Mass Submitter Adopting Sponsor

OMB No. 1545-0169

This Form Is Open to Public Inspection

File This Form With the Internal Revenue Service

For IRS Use Only

Section references are to the Internal Revenue Code unless otherwise noted.

Complete every applicable item on this form.

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Enter amount of user fee submitted<br>\$ _____                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |
| <b>2a</b> Name of applicant<br><br>Address (number, street, room or suite no.) (If a P.O. box, see the instructions)<br><br>City _____ State _____ ZIP code _____                                                                                                                                                                                                             | <b>2b</b> Employer identification number of applicant<br>_____<br><b>2c</b> Applicant's telephone no.<br>( ) _____ |
| <b>3a</b> Name of person to be contacted                                                                                                                                                                                                                                                                                                                                      | <b>3b</b> Telephone number<br>( ) _____                                                                            |
| <b>3c</b> If a power of attorney is attached, check the box <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                 |                                                                                                                    |
| <b>4a</b> Basic plan document number                                                                                                                                                                                                                                                                                                                                          | <b>b</b> Adoption agreement number                                                                                 |
| <b>5</b> This plan is:<br><input type="checkbox"/> Word-for-word identical <input type="checkbox"/> A minor modification (attach list of delineated changes and explanation)                                                                                                                                                                                                  |                                                                                                                    |
| <b>6</b> Name of mass submitter                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |
| <b>7</b> Enter the following information for the mass submitter's plan on which this plan is based (if this application is submitted simultaneously with the mass submitter's application, see instructions).<br>File folder number _____<br>Letter serial number _____<br>Date of letter _____ / _____ / _____                                                               |                                                                                                                    |
| <b>8</b> Type of plan:<br><input type="checkbox"/> Money purchase <input type="checkbox"/> Target benefit <input type="checkbox"/> Profit-sharing/401(k)<br><input type="checkbox"/> Profit-sharing <input type="checkbox"/> Defined benefit, integrated <input type="checkbox"/> Defined benefit, non-integrated                                                             |                                                                                                                    |
| <b>9</b> Filing status of plan (see General Instructions)<br><input type="checkbox"/> Standardized plan, not paired<br><input type="checkbox"/> Standardized, paired plan (identify plan(s) paired with this plan by plan name and number on an attached sheet)<br><input type="checkbox"/> Nonstandardized plan<br><input type="checkbox"/> Nonstandardized safe harbor plan |                                                                                                                    |

Under penalties of perjury, I declare that the sponsor has adopted a master or prototype plan that is word-for-word identical to, or a minor modification of, the mass submitter plan indicated in item 6 above.

(Sponsor)  
Signature ▶

Title ▶

Date ▶

(Mass Submitter)  
Signature ▶

Title ▶

Date ▶

For Paperwork Reduction Act Notice, see page 3.

Cat. No. 10235P

Form **4461-B** (Rev. 3-2000)

## 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 sponsor, which is based on a plan submitted by the mass submitter.

### Completing Form 4461-B

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. 2000-8, 2000-1 I.R.B. 230. Applications submitted without the proper user fee will not be processed and will be returned to the applicant.

Do not submit a copy of the plan.

### Who May File

Only mass submitters may file this form.

### Where To File

Submit the application to: Internal Revenue Service, Employee Plans Rulings and Agreements, Attn: T:EP:RA:T:ICU, P.O. Box 14073, Ben Franklin Station, Washington, DC 20044.

**Signature.** The application must be signed by the mass submitter and sponsor. If a power of attorney authorizes the mass submitter to sign the form on behalf of the sponsor, 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

**Mass submitter.** Any entity that submits applications on behalf of at least 30 unaffiliated sponsors each of which is sponsoring, on a word-for-word identical basis, the same basic plan document and one or more of the adoption agreements associated with that basic plan document. Once the mass submitter has submitted applications on behalf of 30 unaffiliated sponsors with respect to any basic plan document, it will be treated as a mass submitter with respect to all the other basic plan documents and associated adoption agreements for which it requests opinion letters, regardless of the number of identical adopters of such other plans. Notwithstanding the above, any entity that received a favorable TRA '86 opinion letter for a plan as a mass submitter under Rev. Proc. 89-9, 1989-1 C.B. 780, will continue to be treated as a mass submitter if it submits applications on behalf of at least 10 sponsors (regardless of affiliation) each of which is sponsoring, on a word-for-word identical basis, the same basic plan document and one or more of the adoption agreements associated with that basic plan document. Once the mass submitter has submitted applications on behalf of 10 sponsors with respect to any basic plan document, it will be treated as a mass submitter with respect to all the other basic plan documents and associated adoption agreements for which it requests opinion letters, regardless of the number of identical adopters of such other plans.

**Sponsor.** Any person that has an established place of business in the United States where it is accessible during every business day and represents to the Service that it has at least 30 employer-clients each of which is reasonably expected to adopt the sponsor's basic plan document and one or more of the adoption agreements associated with that basic plan document within the 12-month period following issuance of an opinion letter under Rev. Proc. 2000-20, 2000-6 I.R.B. 553. Once a person represents to the Service that at least 30 employers are reasonably expected to adopt its basic plan document, it will be treated as a sponsor with respect to all the basic plan documents and associated adoption agreements for which it requests opinion letters, regardless of the number of employers that are expected to adopt such other plans. Notwithstanding the above, any person that has an established place of business in the United States where it is accessible during every business day and is a word-for-word identical adopter

or minor modifier adopter of an M&P plan of a mass submitter will be treated as a sponsor with respect to such plan, regardless of the number of employers that are expected to adopt such plan.

## 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 to be contacted is other than an employee of the applicant, please enclose an authorized power of attorney. See **Disclosure requested by taxpayer** (on this page).

**Line 4a.** 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 sponsor 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 4b.** 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 5.** 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 7.** 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 7.

**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.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their content may become material in the administration of any Internal Revenue law. Generally, tax return and return information are confidential, as required by Code section 6103.

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

**Recordkeeping** . . . . 5 hr., 59 min.

**Learning about the law or the form** . . . . 52 min.

**Preparing the form** . . . 1 hr., 56 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 the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send this form to this office. Instead, see **Where To File** on page 2.

