# **EQUIVALENT BENEFITS ANALYSIS**

Prepared for

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#### ABC02

#### **ABC Corporation**

### **Summary of Plan Provisions and Assumptions**

### **IRC417(e) ASSUMPTIONS**

AIR\* Years 1 - 5

AIR\* Years 6 - 20

AIR\* Years 21 plus

Commencement Age Actuarial Adjustment

Interest

Mortality Table 2014 417(e)(3) Applicable Mortality Table

### **ACTUARIAL EQUIVALENCE ASSUMPTIONS**

Interest Rate for Benefit Form Adjustment 5 %
Interest Rate for Commencement Age Adjustment 5 %
Commencement Age Actuarial Adjustment Interest

Mortality Table 1984 Unisex Pension (UP-84)

Male Setback0Female Setback0Projection ScaleNoneProjection Years0Minimum Projection Percent0 %

#### **RELATIVE VALUE ASSUMPTIONS**

Interest Rate for Benefit Form Adjustment 5 %
Interest Rate for Commencement Age Adjustment 5 %

Mortality Table 1984 Unisex Pension (UP-84)

Male Setback 0
Female Setback 0

Commencement Age Actuarial Adjustment Interest

### **IRC415 ASSUMPTIONS**

Interest Rate 5%
Interest Rate for Non-life Annuity 5.5%

Mortality Table 2014 417(e)(3) Applicable Mortality Table

Maximum Life Annuity 210000
Maximum Percent of Pay 100%

<sup>\*</sup>AIR indicates the IRC417(e) Applicable Interest Rate%

# ABC02 ABC Corporation Summary of Plan Provisions and Assumptions

	Alternative Benefit Forms									
Benefit		Certain		COLA						
Commencement Age	Form	Period	COLA	Ratio						
N/A	Lump Sum	0	0.0000	1.0000						
N/A	100 % Joint and Survivor Annuity	0	0.0000	1.0000						
N/A	Certain Annuity	20	0.0000	1.0000						
N/A	Life Annuity	0	0.0000	1.0000						
N/A	50 % Joint and Contingent Annuity	0	0.0000	1.0000						

# ABC 02 ABC Corporation Alternative Retirement Benefit Forms

				Plan Benefit Normal Form						
	Name	S E X	Date of Birth	BCD	ВСА	Amount	Form	Certain Period	COLA %	COLA Ratio
Participant	John Smith	М	01/28/1954	02/01/2019	65	18,000.00	Life Annuity	0	0.00	1.00
Beneficiary	Jane Smith	F	07/01/1958		61					

	Benefit Amount		BCD	BCA	Certain	COLA	COLA	Relative
Alternative Benefit Form	Participant	Survivor			Period	%	Ratio	Value
Qualified Joint and Survivor Form	15,675.65	7,837.83	02/01/2019	65	0	0.0000	1.0000	100%

The monthly joint and contingent annuity continues for the lives of both the participant and the beneficiary, with 50 % of the benefit payable to the beneficiary if the participant dies. The benefit payable to the participant is unreduced if the beneficiary dies.

In the case of a married partcipant, under IRC401(a)-11(b)(2), the QJSA benefit form must be at least as valuable as any other optional form of benefit payment under the plan at the same time.

Life Annuity	17,609.00	0.00	02/01/2019	65	0	0.0000	1.0000	100%
[AEQ Assumptions]	18,000.00							
[IRC415 Maximum]	17,609.00							

The monthly life annuity commences at the participant's benefit commencement age and continues until the participant's death.

Lump Sum Payment	2,120,735.00	0.00	02/01/2019	65	0	0.0000	1.0000	130%
[AEQ Assumptions]	2,167,855.20							
[IRC417(e)(3) Minimum Value]	2,809,594.48							
[IRC415 Maximum]	2,120,735.00							

The lump sum benefit is a single payment at the indicated benefit commencement age.

Under IRC401(a)-20, the amount payable under another optional form of benefit payment with relative value which exceeds that of the QJSA benefit form because of the minimum present value requirement of IRC417(e) does not fail to satisfy IRC401(a)-11(b)(2).

100 % J&S Annuity	13,882.94	13,882.94	02/01/2019	65	0	0.0000	1.0000	100%
[AEQ Assumptions]	13,882.94							·
[IRC415 Maximum]	17,609.00							

The monthly joint and survivor annuity continues for the lives of both the participant and the beneficiary, with 100 % of the benefit payable to the survivor as a monthly life annuity if either dies.

Certain Annuity	13,810.00	0.00	02/01/2019	65	20	0.0000	1.0000	119%
[AEQ Assumptions]	14,116.71							
[IRC417(e)(3) Minimum Value]	16,784.06							
[IRC415 Maximum]	13,810.00							

The monthly annuity commences at the participant's benefit commencement age and continues for 20 years.

Under IRC401(a)-20, the amount payable under another optional form of benefit payment with relative value which exceeds that of the QJSA benefit form because of the minimum present value requirement of IRC417(e) does not fail to satisfy IRC401(a)-11(b)(2).

# ABC02 ABC Corporation

# **Alternative Retirement Benefit Forms**

50 % J&C Annuity	15,675.65	7,837.83	02/01/2019	65	0	0.0000	1.0000	100%
[AEQ Assumptions]	15,675.65							
[IRC415 Maximum]	17,609.00							

The monthly joint and contingent annuity continues for the lives of both the participant and the beneficiary, with 50 % of the benefit payable to the beneficiary if the participant dies. The benefit payable to the participant is unreduced if the beneficiary dies.

The **BCD** (Benefit Commencement Date) is the date that the benefit is first payable.

The BCA (Benefit Commencement Age) is the age the benefit payments are assumed to begin.

The **Relative Value** is 100 times the ratio of the present value of the illustrated optional benefit form to the present value of the Qualified Joint and Survivor annuity form using the Relative Value Assumptions.

If the benefits illustrated are intended as distributions from an IRC401(a)-qualified retirement or annuity plan, they may be subject to federal, state, or local taxes and additional limitations and disclosure requirements under IRC401, IRC415, IRC417 and other IRS regulations covering retirement age, maximum and minimum benefits which are beyond the scope of this illustration.

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# **ABC Corporation**

BENEFIC	ARY DE	SIGNATION AND OPTIONAL DISTRIBUTION SELECTION
Participant Name:	J	ohn Smith
Participant Social Security Nur	mber:	
	alifed Joir	rstand that the automatic beneficiary designation and distribution option selection nt and Survivor Form which is a 50% joint and survivor annuity, payable to my
I have selected <b>one</b> of the option	ns as inc	licated below:
I accept the automatic election	on.	
In the event that I do not have a	a survivin	g spouse at the time of benefit entitlement, my beneficiary shall be:
Name:		
Relationship:		
Date of Birth:		
Address:		
Social Security Number:		
I do not accept the automatic	c election	
		atic election unless my spouse signs the consent below, and does not revoke ts. I reserve the right to revoke this election at any time. My beneficiary shall be:
Name:	Jane Sr	nith
Relationship:	Spouse	
Date of Birth:		
Address:		

Social Security Number:

# ABC02 ABC Corporation BENEFICARY DESIGNATION AND OPTIONAL DISTRIBUTION SELECTION

I wish benefits to be paid in the form: (mark the Selection box below)

Selection	Alternative Type	Certain Period	Percent to Beneficiary	ВСА	COLA	COLA MAX	BCD
	Life Annuity	0	0	65	n/a	1	02/01/2019
	Life Annuity	0	0	65	n/a	1	02/01/2019
	Lump Sum	0	0	65	n/a	1	02/01/2019
	Joint and Survivor Annuity	0	100	65	n/a	1	02/01/2019
	Certain Annuity	20	0	65	n/a	1	02/01/2019
	Joint and Contingent Annuity	0	50	65	n/a	1	02/01/2019

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Signature of Participant:	Date:	

## Required Spouse's Consent if the Automatic Election is not Accepted

I, Jane Smith, am the spouse of the above named participant, and I consent to the refusal of the automatic qualified joint and survivor annuity. I understand that I would otherwise be entitled to receive the joint and survivor annuity, yet I voluntarily consent not to receive it. I reserve the right to revoke this election at any time.

Signature of Spouse:				Date:	
Subscribed and sworn before me on this			day of	20	
My Commission expires:	/	/20			
Notary Public					
(Seal)					