



## OASIS RETIREMENT PLAN & TRUST

### ENROLLMENT CHECKLIST

- Enrollment Form
- Rollover Form (*If Applicable*)
- Bank Statement (*If rolling over*)
- Signed Terms and Conditions
- Labor Association Membership Form
- Two forms of Identification for the owner
- One form of Identification for each beneficiary

**Note\*** Please make all checks, money orders, cashier's checks to Oasis Labor Alliance

I am submitting ALL forms:

- Fax: 800-673-0183
- Emailed to: [info@oasisretirementtrust.com](mailto:info@oasisretirementtrust.com)

Name of Representative: \_\_\_\_\_ Date: \_\_\_\_\_



Participation in Oasis  
Retirement Plan & Trust

330 Bullard Ave  
Clovis, CA 93612  
info@oasisretirementtrust.com

PARTICIPANT INFORMATION				
First Name	M.I.	Last Name		
DOB		SSN/ITIN		
Address	Apt.#	City	State	Zip Code
Email	Phone#		Language Preference	
BENEFICIARY INFORMATION				
1 <sup>st</sup> Beneficiary				
First Name	M.I.	Last Name		
Address	Apt. #	City	State	Zip Code
Email	Phone #		DOB	
Relationship To Owner	SSN/ITIN		% of Distribution	
2 <sup>nd</sup> Beneficiary				
First Name	M.I.	Last Name		
Address	Apt. #	City	Address	Apt. #
Email	Phone #		DOB	
Relationship To Owner	SSN/ITIN		% of Distribution	
ADDITIONAL INFORMATION				
<input type="checkbox"/> I desire to open a IRA within the Oasis Retirement Plan & Trust with a contribution of \$ _____ per month to my personal pension.				
<input type="checkbox"/> I desire to open a 401(k) with in the Oasis Retirement Plan & Trust.				
<input type="checkbox"/> A money market fund <input type="checkbox"/> An index fund targeted to their retirement plan <input type="checkbox"/> A growth fund index				
<input type="checkbox"/> A mirco loan program <input type="checkbox"/> A profit sharing fund				
<input type="checkbox"/> I desire to open a 529 within Oasis Retirement Plan & Trust, with a contribution of \$ _____.				
<input type="checkbox"/> I choose to make a one-time retirement savings contribution of \$ _____.				
<input type="checkbox"/> I elect to rollover my current 401(k) or savings into the Oasis Retirement Plan & Trust and the amount is \$ _____. (if you have selected this option, please attached a copy of your most current statement and Oasis Retirement Plan & Trust rollover form.)				
<b>Note* Please make all checks, money orders, cashier's checks to: Oasis Labor Alliance.</b>				
Representative's Name		Representative's Signature	Representative's ID Number (If Applicable)	
Signature Of Owner		Signature Of Applicant	Fecha	



Payment Authorization  
Oasis Retirement Plan & Trust

330 Bullard Ave  
Clovis, CA 93612  
info@oasisretirementtrust.com

Checking or Savings Account		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Authorized Payer		2nd Authorized Payer	
First Name	M.I.	First Name	M.I.
Last Name		Last Name	
Routing Number	Financial Institution	Phone #	
Account Number		City	State
Credit Card	Payment Type: <input type="checkbox"/> Debit <input type="checkbox"/> Credit	Card Type: <input type="checkbox"/> Visa	Mastercard <input type="checkbox"/> Discover
Name as it appears on the card			
First Name	M.I.	Care Number Sequence	CVV
Last Name		Expiration Date	
Billing Address	Apt #	City	State Zip Code
I would like my automatic payment to be charged on the _____ of the month, starting on ____/____/____.			

I authorize Oasis Retirement Plan & Trust (hereafter "Oasis") to collect the initial contribution and any future payments for this benefit by electronic or other means from the account identified above. I agree that if any check, draft, or debit is dishonored for any reason, you will not be under any liability, even though the dishonor results in forfeiture. This authorization is to remain in effect until Oasis receives written notice from me of its revocation unless I end it earlier. I understand that no interest will be paid until Oasis has; (a) received and approved the application for a contribution, (b) has withdrawn the first contribution from the designated account.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_



Oasis Retirement Plan & Trust
Rollover Authorization

330 Bullard Ave
Clovis, CA 93612
info@oasisretirementtrust.com

PARTICIPANT INFORMATION

Form with fields: First Name, M.I., Last Name, DOB, SSN/ITIN, Address, Apt #, City, State, Zip Code, Email, Phone, Language Preference

PRIOR PLAN INFORMATION

Name of Prior Plan/IRA

Estimated Rollover Amount

Please complete Part I when rolling over from a prior plan or IRA and return the completed form to your Plan Administrator. Please note that you must first complete an investment form specifying how the rollover will be invested. If you require assistance in determining whether any part of your prior qualified plan or IRA consists of after-tax or non-deductible contributions, please consult your Plan Administrator.

PARTICIPANT CERTIFICATION

Complete one of the following:
- [ ] Qualifying Plan. (Please attach a copy of the plan's latest IRS favorable determination letter or a letter from the plan's administrator stating that the plan is qualified)
- [ ] 403(b) Plan
- [ ] Sate 457(b) Plan
- [ ] IRA
- [ ] 401(k) options

I hereby certify that the conditions for a rollover specified above are met and the information provided is complete and accurate.
Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

PLAN ADMINISTRATOR ACCEPTANCE (OFFICE USE ONLY)

I hereby authorize the rollover into the OASIS Retirement Plan and Trust as described above.
Plan Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Oasis Retirement Plan & Trust

### Terms & Conditions

1. When you sign up for the OASIS Retirement Plan & Trust you must be enrolled as a member of the union.
2. This plan contains the features of a general and typical retirement plan. College savings plans such as 529s are also contained in this chartered plan.
3. Retirement distributions take place when you declare your own retirement between the ages of 59½ and 70 ½. Distributions can be made monthly, quarterly, semi-annually, and annually.
4. Rollovers are accepted into this plan.
5. A retirement trust summary will be sent to each participant in this plan.
6. Employers adopt this plan and are under the auspices of an ERISA benefit and an agreement to benefit employees and as such members within the contractual nature of a multiple employer welfare agreement- ECE arrangement that applies.
7. Within the OASIS Retirement Plan & Trust, a participant or member may borrow funds from their account and the terms for borrowing limits depend on balances, creditworthiness, risk, and payment period, but cannot have more than \$2,000 unpaid balances. An annual 4% interest rate is charged from the borrowed funds.
8. There are rules for withdrawing early from this Retirement Plan. Penalties are calculated by IRS rules and internal administrative fees apply at 10%. Certain conditions apply to extreme individual emergency requests for early withdrawals.
9. Beneficiaries must be assigned to each account.
10. If you, by any means, decide to roll over your funds you will be charged a one-hundred-dollar administrative fee.
11. Quarterly statements are sent out for each account.
12. This is not a self-directed fund investment allotting retirement program, except for 401(k).
13. There are no **annual** maintenance fees.
14. Oasis Retirement Plan & Trust will be allowed a grace period for processing disbursements/withdrawals. Distributions (Full Account or One-Time) of twenty-five thousand (\$25,000) or less can take up to fifteen (15) business days for processing, and for distributions (Full Account or One-Time) over twenty-five thousand (\$25,000) can take up to thirty (30) business days. Once the program receives a distribution request form, no account interest will accrue during the fifteen (15) or thirty (30) day processing period.
15. Distributions of \$100,000 or more may require a maximum of 60 business days for processing. It is important to understand that financial institutions often implement hold times on large transactions to comply with regulatory obligations and internal protocols. These precautions are in place to safeguard against potential risks, such as fraudulent activities, money laundering, and other threats associated with substantial monetary transactions.

Note: Our administrative office must report the value of cash or assets withdrawn from Oasis. This value is reported to you and the IRS-on-IRS Form 1099-R. Form 1099-R will be issued to Oasis members by January 31st of the year following the year an asset is removed from the program.

By signing, I understand and accept the terms and conditions of the OASIS Retirement Plan & Trust. I understand that this plan is directed by the Officers, Consultants, Advisors, Custodians, and Board of Trustees of the OASIS Retirement Plan & Trust.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Witnessed by a Duly Authorized Representative of OASIS Retirement Plan & Trust:

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date



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## MEMBERSHIP ENROLLMENT APPLICATION

You are joining the OASIS LABOR ALLIANCE a labor organization offering collectively bargained multi-employer welfare plan benefits regulated by the U.S. Department of Labor. All plan benefits are paid out of ERISA-regulated and bonded trust funds.

### OASIS LABOR ALLIANCE MEMBERSHIP BENEFITS

The employee health and welfare plans may include:

- Workers' Injury Benefit
- Health Care
- Retirement Plans
- Burial Expenses
- Paid Sick Leave
- Maternity Leave
- Family Leave

I would like to support future services:

- Emergency Loans
- Mental Health
- Vacation Benefits
- Credit Union
- Dental Care

### MEMBER CLIENT INFORMATION (Please Print Clearly)

ANNUAL MEMBERSHIP FEE  \$25 (INDIVIDUAL)  \$99 (BUSINESS)  NOT APPLICABLE

Paid With:

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

- Card
- Check

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (1): \_\_\_\_\_  Home  Mobile  Office

Phone (2): \_\_\_\_\_  Home  Mobile  Office

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

PLEASE CONTACT MY EMPLOYER SO MY COWORKERS CAN ENJOY THESE GREAT BENEFITS!

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize OASIS LABOR ALLIANCE to be my exclusive representative for collective bargaining on all jobs or association memberships with present and future employers or voluntary benefit associations regarding wages, hours, benefits, and working conditions, beginning the date you list below and continuing until revoked in writing.

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