



## OASIS RETIREMENT PLAN & TRUST

### EMPLOYER ENROLLMENT CHECKLIST

- Enrollment Form
- Payment Authorization Form
- Rollover Form (If Applicable)
- Signed Terms & Conditions
- Labor Association Membership Form

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

I am submitting ALL forms:

- Fax:1-801-705-0256
- Email [nmartinez@oasisretirementtrust.com](mailto:nmartinez@oasisretirementtrust.com)

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



[Employer Enrollment](#)  
[Form for Oasis](#)  
[Retirement Plan & Trust](#)

1313 Jordan Ave  
 Clovis, CA 93611  
 nmartinez@oasisretirementtrust.com

**EMPLOYER INFORMATION**

Legal Company Name:		Date Business Started:		Federal Tax ID#:	
DBA Name (Doing Business As):		Exact Nature Of Business:		Owner Name:	
Company Structure:		Contact Name:			
<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC			
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other			
Contact Title:	Contact Phone #:	Contact FAX #:	Contact Email:		
Billing Address	Suite Unit	City	State	Country	Zip Code
					Check if Residence <input type="checkbox"/>

Total number of employees on payroll regardless of hours worked: \_\_\_\_\_ (including seasonal, etc.)

**BENEFIT COVERAGE OPTIONS**

Choose: Enter the amount you will contribute toward:  
 Employee Contribution: \_\_\_\_\_ %

OR

Choose: Enter the dollar amount(s) you will contribute toward the plan selected by the employee:  
 \$ \_\_\_\_\_ for Employee OR \$ \_\_\_\_\_ combined amount(s) for employee and dependent(s)  
 \$ \_\_\_\_\_ for dependent(s) (Write "0" if none)

**DELIVERY** Mail Benefit to (If different than owner's address):

**Date of First Contribution (Start Date):**

**STATEMENT OF COMPLIANCE**

I understand that Oasis Retirement Trust will not consider my group approved until the funds have been received for our first month's contribution payment. If such funds are not received or cannot be processed, my group will NOT be considered approved and will be terminated as of the original requested effective date. If such a termination is made, any expenses that may have been incurred due to utilization by our employees of trust and retirement services offered by any Oasis Retirement Trust plan will not be the responsibility of Oasis Retirement Trust.

I understand that no alterations can be made to this section and that it must be signed exactly as stated.

I understand that once Oasis Retirement Trust coverage is approved, group policy changes cannot be implemented until the next billing cycle. These changes shall include, but not be limited to COBRA provisions, minimum hours worked per week and contribution amounts.

I understand Oasis Retirement Trust is the brand name for the ERISA-based benefits provided by the participating labor organizations pursuant to the executed bona fide Collective Bargaining Agreement.

Representative's Name		Representative's Signature		Representative's ID Number (If Applicable)	
Signature Of Owner		Signature Of Applicant		Date	



[Employer Enrollment  
Form for Oasis  
Retirement Plan & Trust](#)

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PARTICIPANT INFORMATION – Party Covered by Benefit				
Name of Participant/Employee	Employer Contribution % or Monthly Amount		Employee Contribution % or Monthly Amount	
<b>Company Membership Fee</b>				
<b>Totals</b>				
<p><b>Our company or employer or association chooses to participate in the Oasis Retirement Plan and Trust of the Oasis Labor Association, a national labor organization, 501c5; as maintained pursuant to a collective bargaining agreement which recognizes the participating labor organization to be the exclusive representative for collective bargaining regarding wages, hours, benefits, and working conditions. We understand this retirement plan is a federal ERISA-based benefit offered by the participating labor organization exclusively to its members as per ERISA ECE Section 3 (40)(A) and may be subject to change without prior notice. We understand our company or employer, or association must first become a member of the participating labor organization to access benefits in the retirement plan and there is a onetime enrollment fee of \$100. Employee participants pay no membership fee and there are no management or broker fees in the plan. I give authorization in the amount of this one-time fee of \$100. There is an employee enrollment form attached for employees to enroll. We understand that this plan summary can be amended as required to add or withdraw participants. Quarterly statements are given to each participant with accompanied interest and value. This retirement plan is not a bank guarantee or FDIC insured and it may lose value. Rollovers are accepted in this plan.</b></p>				
Representative's Name		Representative's Signature		Representative's ID Number (If Applicable)
Signature Of Owner		Signature Of Applicant		Date





Payment Authorization  
Oasis Retirement Plan & Trust

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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 <input type="checkbox"/> 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
Billing Address			
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

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**PARTICIPANT INFORMATION**

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
- State 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 Employer and or Association

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date





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menttrust.com

## 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: \_\_\_\_\_