

1. Employer (1.27). Name:
 a. _____
 b. _____

Employer's Address:

c. _____
 (Street - Physical not P.O. Box)
 d. _____ e. _____ f. _____
 (City) (State) (Zip)

EIN: g. _____

Type of Entity:

h. _____
 (e.g., public school, church, Code §501(c)(3) organization (other than church))

Plan name/Title of document:

i. _____
 j. _____

Plan number (optional):

k. _____ (3-digit number for Form 5500 reporting)

Telephone (optional):

l. _____ (for SPD)

2. TYPE OF 403(b) PLAN (1.66). The Employer makes the following election regarding the type of 403(b) plan the Employer will maintain (Choose one of a. through d.):

- a. Custodial. A Custodial Account Plan invested in mutual funds under Code §403(b)(7).
- b. Annuity. An Annuity Contract Plan under Code §403(b)(1).
- c. Both. A Combination Annuity Contract Plan and Custodial Account Plan.
- d. Retirement Income Account (RIA)/Church Plans only. A Retirement Income Account Plan under Code §403(b)(9).

3. ERISA PLAN (1.32). The Plan's ERISA status is [Note: Governmental plans and non-electing church plans are exempt from ERISA. Other 403(b) plans which only provide for Elective Deferrals generally are exempt from ERISA.] (Choose one of a., b. or c.):

- a. ERISA exempt. The plan is a governmental plan or a non-electing church plan.
- b. Intended to be ERISA exempt. The Plan is a deferral only arrangement which the Employer intends to be exempt from ERISA.
- c. ERISA applies.

4. PLAN/LIMITATION YEAR (1.52/1.44): Plan Year and Limitation Year mean the 12-month consecutive period (except for a short Plan Year) ending every: (Choose one of a. or b.). (Choose c. if applicable)

- a. December 31.
- b. Other (fiscal Plan Year and/or different Limitation Year):

- c. Short year: Commencing:

 (month) (day) (year)

and ending 1. _____
 (month) (day) (year)

5. EFFECTIVE DATE (1.21). The Employer's adoption of the Plan is a: (Choose one of a. or b.) Note: The Effective Date does not need to be earlier than the effective date of the final regulations – January 1, 2009.

- a. New Plan. The Plan's Effective Date is

 (month) (day) (year)

- b. Restated Plan. The Plan's restated Effective Date is:

 (month) (day) (year)

The Plan's original Effective Date was:

1. _____
 (month) (day) (year)

Note: The Effective Date or Restated Effective Date does not need to be earlier than the effective date of the final regulations – January 1, 2009.

6. EXCLUDED EMPLOYEES (1.34). The following Employees are not Eligible Employees: (Choose a. or choose one or more of b. through e. as applicable)

- a. No exclusions. All Employees are eligible.
- b. Non-Resident Aliens.
- c. Employees who normally work less than 20 hours per week.
- d. Student Employees.
- e. Other Employer plan. Employees who are eligible to participate in another plan of the Employer which is a governmental 457(b) plan, 401(k) plan or another 403(b) plan.

7. COMPENSATION (1.12). For purposes of applying a Participant's Salary Reduction Agreement or any Plan limitation, Compensation is subject to the following modifications (Choose one or more of a. through f. as applicable):

- a. No modifications
- b. Fringe benefits. The Plan excludes all reimbursements or other expense allowances, fringe benefits (cash and noncash), moving expenses, deferred compensation and welfare benefits, as described in Treas. Reg. §1.414(s)-1(c)(3).
- c. Bonuses. The Plan excludes bonuses.
- d. Overtime. The Plan excludes overtime.
- e. Post-Severance Compensation. The Plan excludes Post-severance compensation.
- f. Describe: _____

8. ELIGIBILITY (Universal Availability) (2.01(A)).

- a. An Employee (other than an Excluded Employee) becomes a Participant in the Plan on his/her first day of employment with the Employer.

9. SALARY REDUCTION AGREEMENT (1.61).

- a. A Participant may make an election to defer his/her Compensation and have it contributed to the Plan. The Participant prospectively may modify or revoke a Salary Reduction Agreement, or may file a new Salary Reduction Agreement following a prior revocation, at least once per Plan Year or more frequently as specified in the Plan's Salary Reduction Agreement form. The Salary Reduction Agreement also may specify a maximum or minimum Elective Deferral limit and other conditions

10. CATCH-UP DEFERRALS (3.02(D) and (E)). A Catch-Up Eligible Participant: (Choose one of a. or b.)

- a. Permitted. May make the following Catch-Up Deferrals to the Plan:
 - 1. Age 50 Catch-Up
 - 2. Qualified Organization Catch-Up
- b. Not Permitted. May not make any Catch-Up Deferrals to the Plan.

11. Roth Contributions. May Participants designate all or a portion of their Elective Deferrals as Roth Elective Deferrals?

- a. Permitted
- b. Not permitted

12. Distributions. A Participant may make any election as to timing and form of distribution provided in the Annuity Contract/Custodial Agreement.

Name of Custodian/Insurance Company:
(exactly as it is to appear with punctuation)

b. _____

13. Appendix A

- a. No
- b. FUNDING VEHICLES. The Employer will make contributions (including deferrals) to the following Vendors: (exactly as it is to appear with punctuation)
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
 - 6. _____
 - 7. _____
 - 8. _____
 - 9. _____
 - z. _____

c. This list is effective as of: _____

14. Hardship Distributions: Unless Annuity Contract/Custodial Agreement provides otherwise, Plan permits hardships:

- a. Yes
- b. No

15. Participant Loans: Unless Annuity Contract/Custodial Agreement provides otherwise, Plan permits loans:

- a. No
- b. Yes

1. Loan Amount:

- a. Not limited except by law
- b. May not be less than \$1,000 in a single loan
- c. May not be less than \$_____ (not more than \$1,000) in a single loan

2. Limit on Number of Loans:

- a. one
- b. _____

3. Loan Interest:

- a. Prime plus. Fixed at _____% above USA Today published prime rate
- b. Specified Rate: _____%
- c. Plan Administrator established rate

4. Home loan term:

- a. 15 years
- b. _____ years

5. Leaves of absence (non-military): For up to one year after approved leave, Plan Administrator will:

- a. suspend loan payments
- b. not suspend loan payments

16. Rollover Contributions:

- a. Not permitted
- b. Permitted

17. 1st PARTICIPATION AGREEMENT

- a. N/A
- b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of: _____

18. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

- a. _____
Name of Participating Employer:
- b. _____
Name of Signatory Employer:
- c. _____

19. 2nd PARTICIPATION AGREEMENT

- a. N/A
- b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of: _____

**20. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

21. 3rd PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**22. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

23. 4th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**24. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

25. 5th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**26. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

27. 6th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**28. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

29. 7th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**30. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

31. 8th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**32. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

33. 9th PARTICIPATION AGREEMENT

a. N/A

b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**34. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

35. 10th PARTICIPATION AGREEMENT

- a. N/A
 b. Participation Effective Date. The Participating Employer's adoption of this Plan is effective as of:

**36. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION
EFFECTIVE DATES:**

a. _____

Name of Participating Employer:

b. _____

Name of Signatory Employer:

c. _____

37. Supporting Forms

- a. Includes all forms--SPD-8.5 x 11, Tax Notices (402(f)) and Administrative Forms
 b. No Forms
 c. Select Individual Forms
 1. SPD-8.5 x 11
 2. Annual Investment Notice
 3. Tax Notices (402(f))
 4. Administrative Forms (select all that apply)
 a. General Forms
 b. Loan Forms (applies only if loans to Participants are permitted)
 c. Hardship Forms (applies only if hardship distributions to Participants are permitted)

Additional Supporting Forms

- d.
-
- Appendix for Plan Expense Allocations (appears at the end of the SPD)

Documents Required

- e.
-
- Plan

Font Options

1. 9pt Times
 2. 8.5pt Arial
 f. No Plan

Font Options (Summary/Forms (8.5" x 11") SPD, Administrative Forms)

- g. 12pt Times (Summary) — 9pt Times (Administrative Forms)
 h. 11pt Arial (Summary) — 8.5pt Arial (Administrative Forms)

Format

- i. Standard (letter size, single spaced)
 j. Double Spaced

Margins

- k. Ragged
 l. Right justified margins

To the Plan Administrator - Explanation of Forms

Many of the forms packages include an explanation to the Plan Administrator as the first page of the forms package unless m. is selected below:

- m.
-
- Do NOT include administrator page with forms packages.

38. Do you want an Adoption Agreement

- a.
-
- Yes

Font Options

1. 9pt Times
 2. 8.5pt Arial

Title of Adoption Agreement

3. _____

4. _____

(will appear on first page of Adoption Agreement)

- b.
-
- No

INCLUDE the following interim amendment(s)?

- c.
-
- HEART/WRERA Amendment

39. Footer Date for Summary and Adoption Agreement

- a.
-
- Yes

- b.
-
- No

Skip to 50.

50. Complete this question to provide information on the Loan Policy only if 15b has been selected.

- a.
-
- Borrower qualification**

1. No investigation
 2. Must be creditworthy

- b.
-
- Loan limitations**

1. Refinancing
 a. Not permitted
 b. Permitted. A refinance for purposes of the limit on number of loans is:
 1. Not treated as an additional loan
 2. Treated as an additional loan

- 2.
-
- Purpose

- a. Any reasonable purpose
 b. May not borrow except for: _____

- 3.
-
- Account ordering. Loan will come first from (Roth, pre-tax deferrals or other accounts):

- a.
-
- Participant's choice

- b.
-
- Plan Administrator's choice

- c.
-
- As follows:

1. first: _____2. second: _____3. third: _____

- c.
-
- Loan terms**

- 1.
-
- Directed/general Trust investment

- a.
-
- Directed

- b.
-
- General

- 2.
-
- Charges

- a.
-
- apply to borrower's account

- b.
-
- apply to overall Trust or Employer pays

- 3.
-
- Loan acceleration. Upon the following:

- a.
-
- Separation/severance. Not applicable to parties in interest

- b.
-
- Plan termination

- 4. Leave of absence
 - a. Military
 - 1. Suspend payments
 - 2. Not suspend
- d. **Default**
 - 1. Maximum grace period applies
 - 2. No grace period
 - 3. Includes false statements
 - 4. No new loan if:
 - a. Current default
 - b. Current or prior default

51. QDIA. (Qualified Default Investment Alternatives)

- a. No
- b. Yes (leave c. - j. blank if these will be completed in participant notices at a later time)

The basic QDIA(s) are: (select c. or d.)

- c. **Single Primary QDIA.** (skip to e.)
_____ (insert name of the QDIA)

QDIA characteristics (select all that apply)

- 1. Investment objectives: _____
- 2. Risk/return characteristics: _____
- 3. Fees/expenses: _____

- d. **Multiple Primary QDIA**

QDIA characteristics (select all that apply)

- 1. Investment objectives: _____
- 2. Risk/return characteristics: _____
- 3. Fees/expenses: _____
- 4. Description of Investments (select all that apply)

<u>Year of NRA</u>	<u>Name of Investment</u>
a. _____	1. _____
b. _____	1. _____
c. _____	1. _____
d. _____	1. _____
e. _____	1. _____
f. _____	1. _____
g. _____	1. _____
h. _____	1. _____
i. _____	1. _____
j. _____	1. _____

- e. **Transitional QDIAs** (select all that apply or leave blank if not applicable)

- 1. Grandfathered (pre-12/24/07) QDIA: _____ (insert name)
- 2. Short-term QDIA (120 day maximum): _____ (insert name)

Short-term QDIA characteristics (select all that apply)

- a. Investment objectives: _____
- b. Risk/return characteristics: _____
- c. Fees/expenses: _____

Frequency of opt-out election. Participants are allowed to elect out of the default investment (select one):

- f. at any time
- g. quarterly
- h. Other: _____ (must be at least quarterly)

Fees/restrictions. The following fees and/or restrictions will apply for transfers out of the default election:

- i. _____

Contact Information

- j. Contact information to obtain further information on the QDIA:
 - 1. Name _____
 - 2. Street - Physical not P.O. Box _____
 - 3. _____ 4. _____ 5. _____
(City) (State) (Zip)
 - 6. Telephone _____
 - 7. Fax: (optional) _____
 - 8. Email address: (optional) _____

52. If Appendix for Plan Expense Allocations selected, include the plan expenses that may be assessed against an individual participant's account? (select a. or all that apply at b. - o.) (skip unless 37e selected)

- a. No - not known or appendix will be completed later.
- b. Distribution following termination. Amount: \$ _____
- c. Limitation on small account distributions. The Plan will not charge any fee for processing a distribution if participant's vested account balance does not exceed \$ _____
- d. Installment distribution. Amount: \$ _____
(applies only if installments selected under form of distributions)
- e. Administrative processing fee to eliminate certain small account distributions.
- f. Participant loan. (applies only if loans to participants are permitted)
 - 1. Amount of application fee: \$ _____
 - 2. Amount of annual maintenance fee: \$ _____
- g. QDRO. Amount: \$ _____
- h. Hardship distribution. Amount: \$ _____
- i. In-service distribution. Amount: \$ _____
(applies only if in-service distributions are permitted)
- j. RMD. Amount: \$ _____
- k. Participant direction of investment: brokerage account option. Amount: \$ _____ (applies only if Participant directed investments are permitted)
- l. Benefit calculation. Calculation of benefits, including determination of substantially equal payments. Amount: \$ _____
- m. Other (describe) _____
- n. Other (describe) _____
- o. Other (describe) _____

53. COLA - update the SPD for the 2018 limits (optional) (Note: The SPD currently reflects the 2017 dollar limitations on benefits and contributions)

- a. Include amounts for the 2018 tax year as follows: (select all that apply)
 - 1. Annual compensation limit (401(a)(17)): \$ _____
 - 2. 415 dollar limit: \$ _____
 - 3. 403(b) deferral limit: \$ _____
 - 4. 403(b) catch-up limit: \$ _____

54. HEART/WRERA Amendment - Optional elections

2.2 HEART ACT provisions (Article III).

Continued benefit accruals. Amendment Section 3.2 will NOT apply unless elected below:

- a. The provisions of Amendment Section 3.2 apply effective as of: (select one)
 - 1. the first day of the 2007 Plan Year.
 - 2. _____
(may not be earlier than the first day of the 2007 Plan Year)

However, the provisions no longer apply effective as of: (select if applicable)

- 3. _____

Differential pay. Differential wage payments (as described in Amendment Section 3.3) will be treated, for Plan Years beginning after December 31, 2008, as compensation for all Plan benefit purposes unless b. is elected below:

- b. In lieu of the above default provision, the employer elects the following (select all that apply; these selections do not affect the operation of Amendment Section 3.3(ii)):
 - 1. the inclusion is effective for Plan Years beginning after _____
(may not be earlier than December 31, 2008).
 - 2. the inclusion only applies to Compensation for purposes of Elective Deferrals.

Distributions for deemed severance of employment. The Plan permits distributions pursuant to Amendment Section 3.4 unless otherwise elected below:

- c. The Plan does not permit such distributions.
- d. The Plan permits such distributions effective as of _____
(may not be earlier than January 1, 2007).

55. HEART/WRERA Amendment

2.3 WRERA (RMD waivers for 2009). The provisions of Amendment Section 4.1 apply (RMDs are suspended unless a

Participant or Beneficiary elects otherwise) unless otherwise elected below:

- a. The provisions of Amendment Section 4.2 apply (RMDs continued unless otherwise elected by a Participant or Beneficiary).
- b. RMDs continued in accordance with the terms of the Plan without regard to this Amendment (i.e., no election available to Participants or Beneficiaries).
- c. Other: _____

For purposes of Amendment Section 4.3, the Plan will also treat the following as eligible rollover distributions in 2009: (If no election is made, then a direct rollover will be offered only for distributions that would be eligible rollover distributions without regard to Code §401(a)(9)(H)):

- d. 2009 RMDs and Extended 2009 RMDs (both as defined in Article IV of this Amendment).
- e. 2009 RMDs (as defined in Article IV of this Amendment) but only if paid with an additional amount that is an eligible rollover distribution without regard to Code §401(a)(9)(H).

56. Execution for Page Substitution Amendment Only

- a. If this paragraph is completed, this Execution Page documents an amendment to Adoption Agreement Section(s).
 - 1. effective _____
 - 2. by substitute Adoption Agreement page number(s) _____.

57. Qualified Reservist Distributions

- a. Qualified Reservist Distributions are allowed effective as of _____
(may not be earlier than September 12, 2001).
- b. Qualified Reservist Distributions are NOT allowed.

58. Plan Administrator

- a. Employer, using Employer's address and phone
- b. Other _____
(Name)

AND, if Other selected

- 1. Use Employer's address and phone
- 2. Use address and phone below

a. _____
(Street--Physical not P.O. Box)

b. _____ c. _____ d. _____
(City) (State) (Zip)

e. Telephone () _____