

1. EMPLOYER; PLAN (1.27; 1.50). Name:

a. _____
 b. _____

Employer's Address:

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

EIN: g. _____

Type of entity (e.g. public school, church, Code §501(c)(3) organization (other than church)):

h. _____

Plan Name/Title of document:
(exactly as it is to appear with punctuation)

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. - 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 provide for employer contributions are not 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 (deferral only)
- 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): [Note: If the Plan Year is a short year, the Limitation Year is always a 12 month period, unless the short Plan Year (and short Limitation Year) results from a Plan amendment or termination.]

- 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. Contribution Types (1.13). The Employer and/or Participants, in accordance with the Plan terms, make the following contributions to the Plan (Choose one or more of a. through g. as applicable):

- a. Pre-Tax Deferrals. See Section 3.02 and Elections 18 – 21.
- b. Roth Deferrals. See Section 3.02(F) and Elections 18 - 21. [Note: The Employer may not limit Elective Deferrals to Roth Deferrals only.]
- c. Matching. See Sections 1.35, 1.45, and 3.03 and Elections 22, 23, 27, 28 and 31. [Note: If the Plan is a safe harbor plan, choose 6e and do not choose 6c.]
- d. Nonelective. See Sections 1.46 and 3.05 and Elections 25 through 28. [Note: The Employer may make an Operational QNEC without electing 6d. See Section 3.05(C)(1). If the only nonelective contributions are safe harbor contributions, choose 6e and do not choose 6d.]
- e. Safe Harbor/Additional Matching. The Plan is a safe harbor 403(b) Plan. The Employer will make Safe Harbor Contributions as it elects in Election 24. The Employer may or may not make Additional Matching Contributions as it elects in Election 24. See Section 3.04.
- f. Employee (after-tax). See Section 3.10 and Election 31.
- g. None (frozen plan). The Plan is/was frozen effective as of: _____ See Sections 3.01(F) and 9.03.

Note: If a Safe Harbor Plan and also matching contributions, select **6e** only, not **6c**.

7. EXCLUDED EMPLOYEES (1.34). The following Employees are not Eligible Employees (either as to the overall Plan or the designated contribution type) (Choose one of a. or b.):

- a. No excluded Employees. All Employees are Eligible Employees as to all Contribution Types.
- b. Exclusions. The following Employees are Excluded Employees (either as to all Contribution Types or to the designated Contribution Type) (Choose one or more of 1. through 9. as applicable):

EXCLUDED EMPLOYEES (1.34) . . .

- c. (1) No exclusions. No exclusions as to the designated Contribution Type.
 - 2. Elective Deferrals
 - 3. Matching
 - 4. Nonelective Contributions
- d. (2) Non-Resident Aliens. See Section 1.34(B).
 - 1. All Contributions
 - 2. Elective Deferrals
 - 3. Matching
 - 4. Nonelective Contributions

- e. (3) Employees who normally work less than 20 hours per week. See Section 1.34(E).
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- f. (4) Student Employees. See Section 1.34(C).
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions

EXCLUDED EMPLOYEES (1.34) . . .

- g. (5) 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.
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- h. (6) Collective Bargaining (union) Employees. See Section 1.34(A).
3. Matching
 4. Nonelective Contributions
- i. (7) Highly Compensated Employees.
3. Matching
 4. Nonelective Contributions
- j. (8) Reclassified Employees. See Section 1.34(D).
3. Matching
 4. Nonelective Contributions

EXCLUDED EMPLOYEES (1.34) . . .

- k. (9) Describe exclusion: _____
(e.g., exclude hourly paid employees).

8. Compensation – Select All Contributions, or as applicable at Elective Deferrals, Matching Contributions and/or Nonelective Contributions:

- a. W-2 wages increased by Elective Deferrals.
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- b. Code §3401 federal income tax withholding wages increased by Elective Deferrals
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- c. 415 Compensation
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- d. Describe Compensation: _____
(e.g., W-2 Compensation for faculty Employees, 415 Compensation for administrative staff Employees).

9. Plan Year/Participating/Post-Severance/Deemed Includible Compensation – Select All Contributions, or as applicable at Elective Deferrals, Matching Contributions and/or Nonelective Contributions:

- a. Plan Year
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions

- b. Participating Compensation
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- c. Post-Severance Compensation
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- d. Deemed Includible Compensation
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- e. Describe Compensation Inclusion: _____

(e.g., Participating Compensation for all contributions to administrative staff, Plan Year Compensation for all contributions to faculty).

10. EXCLUDED COMPENSATION (1.12(H)). Apply the following additional exclusions to Compensation Elections under 8 and 9 (Choose one of a. or b.): [Note: For this Election 10, unless described otherwise in Election 10(b)(8), Elective Deferrals includes Pre-Tax Deferrals, Roth Deferrals and Employee Contributions, Matching includes all Matching Contributions and Nonelective includes all Nonelective Contributions.]

- a. No Exclusions
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- b. Exclusions: Exclude the following (Choose one or more of 1. through 8. as applicable):
1. Elective Deferrals
 1. All Contributions
 3. Matching
 4. Nonelective Contributions
 2. Fringe benefits as described in Treas. Reg. 1.414(s)-1(c)(3).
 1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
 3. Leave of absence compensation.
 1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
 4. Bonus.
 1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
 5. Disability compensation.
 1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
 6. Overtime.
 1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions

7. Related Employers. See 1.27(A). (If there are Related Employers, choose one or both of a. and b. as applicable):
- a. Non-Participating. Compensation paid to Employees by a Related Employer that is not a Participating Employer.
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
- b. Participating. As to the Employees of any Participating Employer, Compensation paid by any other Participating Employer to its Employees. See Election 26(d)(2)a.
1. All Contributions
 2. Elective Deferrals
 3. Matching
 4. Nonelective Contributions
8. Describe Compensation exclusion: _____

Note: Describe Compensation from the elections available above or a combination thereof as to a Participant group (e.g., no exclusions as to Division A Employees and exclude bonuses as to Division B Employees); and/or describe another exclusion (e.g., exclude shift differential pay).

11. Hours of Service

All purposes:

- a. Actual Method
- b. Equivalency Method: _____
(daily, monthly, etc.)
- c. Elapsed Time Method
- d. Actual (Hourly EEs) and Equivalency (Salaried EEs):
_____ (list daily, monthly, etc.)
- e. Describe: _____

Hours of Service

Eligibility:

- a. Actual Method
- b. Equivalency Method: _____
(daily, monthly, etc)
- c. Elapsed Time Method
- d. Actual (Hourly EEs) and Equivalency (Salaried EEs):
_____ (list daily, monthly, etc.)

Hours of Service

Vesting:

- a. Actual Method
- b. Equivalency Method: _____
(daily, monthly, etc)
- c. Elapsed Time Method
- d. Actual (Hourly EEs) and Equivalency (Salaried EEs):
_____ (list daily, monthly, etc.)

Hours of Service

Allocation Conditions:

- a. Actual Method
- b. Equivalency Method: _____
(daily, monthly, etc)
- c. Elapsed Time Method
- d. Actual (Hourly EEs) and Equivalency (Salaried EEs):
_____ (list daily, monthly, etc.)

12. Predecessor Employers is to be recognized:

- a. Not applicable
- b. Applies (choose **1. and 2.** as applicable)
 1. All purposes: _____
(add names)
 2. Describe: _____
(e.g., for vesting purposes only, credit service with X only on/following 1/1/06)

13. Eligibility for Elective Deferrals is first day of employment with employer.

14. Eligibility – Other Contributions. Any Eligible Employee will be eligible to participate upon satisfaction of the following:

All Contributions (except Deferrals)

- a. None – Date of Hire (no age or service)

OR

- b. Age _____ (not to exceed 21)

AND

- c. One Year of Service
- d. Two Years of Service
- e. _____ months (not to exceed 12 for SH contributions and 24 for other contributions (with 100% vesting)) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to the Year of Service requirement.)
- f. Describe eligibility conditions: _____

Eligibility – Matching Contributions. Any Eligible Employee will be eligible to participate upon satisfaction of the following:

- a. None – Date of Hire (no age or service)

OR

- b. Age _____

AND

- c. One Year of Service
- d. Two Years of Service
- e. _____ months (not to exceed 12 for SH contributions and 24 for other contributions (with 100% vesting)) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to the Year of Service requirement.)

Eligibility Nonelective/Matching Contributions. Any Eligible Employee will be eligible to participate upon satisfaction of the following:

Nonelective Contributions

- a. None – Date of Hire (no age or service)

OR

- b. Age _____

AND

- c. One Year of Service
- d. Two Years of Service
- e. _____ months (not to exceed 12 for SH contributions and 24 for other contributions (with 100% vesting)) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to the Year of Service requirement.)

- 15. Year of Service – Eligibility.** (skip if Elapsed Time Method used for all purposes)
- a. _____ Hours (not to exceed 1,000) for a Plan Year
 - b. Subsequent Eligibility Computation Periods
 - 1. Plan Year
 - 2. Anniversary Year
 - c. Describe: _____
(e.g., Anniversary Year for doctors, PY for all others; 500 Hours for matching, 1000 for Nonelective).

- 16. Entry Date – Matching Contribution.** Eligible employees shall enter the Plan as of
- a. Semi-annual (1st day of year & 1st day of 7th month)
 - b. 1st day of the Plan Year
 - c. 1st day of the Plan Year quarter
 - d. 1st day of the month
 - e. Immediate – date eligibility requirements are met
 - f. Describe: _____

- Entry Date – Nonelective Contribution.** Eligible employees shall enter the Plan as of
- a. Semi-annual (1st day of year & 1st day of 7th month)
 - b. 1st day of the Plan Year
 - c. 1st day of the Plan Year quarter
 - d. 1st day of the month
 - e. Immediate – date eligibility requirements are met

- 17. Prospective/Retroactive Entry Date. – Matching Contributions**
Eligible employees shall enter the plan on the entry date:
- a. Immediately following or coincident date requirements met
 - b. Immediately following date requirements met
 - c. Immediately preceding or coincident date requirements met
 - d. Immediately preceding date requirements met
 - e. Nearest date requirements met

- Prospective/Retroactive Entry Date. – Nonelective Contributions**
Eligible employees shall enter the Plan as of
- a. Immediately following or coincident date requirements met
 - b. Immediately following date requirements met
 - c. Immediately preceding or coincident date requirements met
 - d. Immediately preceding date requirements met
 - e. Nearest date requirements met
 - f. Describe: _____

Note: Specified entry date(s) must not delay entry for an eligible employee who has satisfied the maximum age (21) and service requirements [one (1) Year or Period of Service (or more than one (1) year if full and immediate vesting)] and who is otherwise entitled to participate, beyond a date that is no later than the earlier of (a) 6 months after such requirements are satisfied, or (b) the first day of the first Plan Year after such requirements are satisfied, unless the employee separates from service before such participation date.

- 18. Salary Reduction Agreement.** The agreement can be made, revoked or modified, at least once per Plan Year or more frequently as specified on the Agreement. The Agreement may specify maximum and minimum amounts and other conditions.

- 19. Automatic Deferral Provisions.** Shall Participants who do not affirmatively elect to receive cash or have a specified amount of Compensation contributed to the Plan automatically have Compensation deferred?
- a. Do Not Apply
 - b. Apply. The Effective Date is _____
(complete 1. or 2., then 3., choose 4. as applicable).
 - 1. Automatic Deferral Amount: _____% each payroll period
 - 2. Automatic Deferral Amount (scheduled increase) (withheld each payroll period):

Plan Year of Deferral	Matching Percentage
1	_____ %
2	_____ %
3	_____ %
4	_____ %
5	_____ %
6 or more	_____ %

3. Participants affected. The automatic deferral provisions apply to:
- a. All Participants. All Participants, regardless of any prior salary reduction agreement.
 - b. Election of at least the automatic deferral amount. All Participants, except those who have in effect a salary reduction agreement on the automatic deferral effective date provided the Elective Deferral amount under that agreement is at least equal to the automatic deferral amount.
 - c. No existing salary reduction agreement. All Participants, except those who have in effect a salary reduction agreement (regardless of the Elective Deferral amount under the agreement) on the automatic deferral effective date.
 - d. New Participants. Each Employee whose effective date of participation is on or following the automatic deferral effective date.
4. Describe Automatic Deferral
- a. _____

- 20. QACA Automatic Deferrals?**
- a. Do Not Apply
 - b. Apply. The Effective Date is _____
 - 1. Automatic Deferral Amount: _____%
 - 2. Statutory: in accordance with the following schedule

Plan Year of participation	Automatic Deferral Amount
1 - 2	3%
3	4%
4	5%
5 and thereafter	6%

3. Alternative Automatic Deferral Amount (scheduled increase):

Plan Year of Deferral	Matching Percentage
1	_____ %
2	_____ %
3	_____ %
4	_____ %
5 or more	_____ %

4. Nonelecting/All Participants. The automatic deferral provisions apply to:
- a. All Participants. All Participants, regardless of any prior Salary Reduction Agreement.
 - b. Election of at least automatic deferral amount. All Participants, except those who have a Salary Reduction Agreement in effect on the automatic deferral provisions effective date, provided the Elective Deferral amount under the Agreement is at least equal to the automatic deferral amount.
 - c. No existing Salary Reduction Agreement. All Participants, except those who have a Salary Reduction Agreement in effect on the automatic deferral provisions effective date (regardless of the Elective Deferral amount under the Agreement).

21. Catch-up deferrals:

- a. Permitted (choose one or both):
 - 1. Age 50 Catch-Up
 - 2. Qualified Organization Catch-Up
- b. Not permitted

22. Employer Matching Contributions (other than 401(k) Safe Harbor Matching Contributions and additional matching):

- a. Discretionary matching amount
Select all that apply (select 1. and/or 2.; if 2. selected, complete 3., 4. or 5. or may leave all 1. - 5. blank):
 - 1. Matching Rate (\$/% of deferrals): _____
 - 2. Limit on Deferrals Matched (\$/% of comp): _____
 - 3. Apply Limits per Plan Year ("true up")
 - 4. Apply Limits per payroll period (no "true up")
 - 5. Apply Limits per designated time period (no "true up"): _____ (time period)

- b. Fixed – uniform rate/amount
Select all that apply (select 1. and 2. as applicable; if 2. selected, complete 3., 4. or 5. as applicable):
 - 1. Matching Rate (\$/% of deferrals): _____
 - 2. Limit on Deferrals Matched (\$/% of comp): _____
 - 3. Apply Limits per Plan Year ("true up")
 - 4. Apply Limits per payroll period (no "true up")
 - 5. Apply Limits per designated time period (no "true up"): _____ (time period)

- c. Fixed – Tiered:

Elective Deferral Percentage	Matching Percentage
_____ %	a. _____ %
_____ %	a. _____ %
_____ %	a. _____ %
_____ %	a. _____ %

- 2. Limit on Deferrals Matched (\$/% of comp): _____
- 3. Apply Limits per Plan Year ("true up")
- 4. Apply Limits per payroll period (no "true up")
- 5. Apply Limits per designated time period (no "true up"): _____ (time period)

- d. Fixed – Years (or Periods) of Service for vesting determined as follows:

Service	Matching Percentage
_____ %	a. _____ %
_____ %	a. _____ %
_____ %	a. _____ %
_____ %	a. _____ %

- 2. Limit on Deferrals Matched (\$/% of comp): _____
- 3. Apply Limits per Plan Year ("true up")
- 4. Apply Limits per payroll period (no "true up")
- 5. Apply Limits per designated time period (no "true up"): _____ (time period)

- e. Related and Participating Employers
Matching formula for Participating Employers
 - 1. All the same
 - 2. At least one different _____
 Allocation sharing
 - 1. Employer by Employer (only to Participant employed by ER making contribution)
 - 2. Across employer lines (to all Participants regardless of ER)

- f. Describe: _____
- Note:** If the Employer wishes to make any Matching Contributions that satisfy the ACP safe harbor, the Employer should make these Elections under Election 24, and not under this Election 22.

Note: A Participant's Elective Deferral percentage is equal to the Participant's Elective Deferrals divided by his/her Compensation. The matching rate/amount is the specified rate/amount of match for the corresponding Elective Deferral amount/percentage. Any Matching Contributions apply to Pre-Tax Deferrals and to Roth Deferrals unless described otherwise in Election 22(f). The Employer under Election 22(a) in its discretion may determine the amount of a Discretionary Matching Contribution and the matching contribution formula. Alternatively, the Employer in Election 22(a) may specify the Discretionary Matching Contribution formula.

23. Matching Catch-Up Deferrals: If the Participant makes age 50 Catch-Up Deferrals, the Employer will:

- a. Match
 - 1. All Matching Contributions
 - 2. Designated Matching Contributions: _____
- b. No Match. Will not match age 50 Catch-Up Deferrals

24. Safe harbor Contributions/Additional Matching Contributions?

- a. Basic Matching Contribution: 100% of the first 3%; 50% between 3% and 5%
- b. QACA Matching Contribution: 100% of the first 1%; 50% between 1% and 6%
- c. Enhanced Matching Contribution:
(Choose 1. or 2.)
 - 1. Uniform Percentage: Matching Contribution equal _____% but not exceeding _____% of the Participant's Compensation
 - 2. Tiered formula. A Matching Contribution equal to the specified matching rate for the corresponding level of each Participant's deferral percentage. A Participant's deferral percentage is equal to deferrals divided by compensation.

Elective Deferral Percentage	Matching Percentage
_____ %	a. _____ %
_____ %	a. _____ %
_____ %	a. _____ %

Note: The matching rate may not increase as the deferral percentage increases, no HCE may be eligible for a greater rate of match than any NHCE at any level, and at any rate, and the match must at least equal the match under 24a or, if QACA, 24b.

- d. **Safe Harbor Nonelective Contribution** equal to _____% (at least 3%) of compensation
- e. **Safe Harbor Nonelective Contribution/delayed year-by-year election (maybe and supplemental notices).** In connection with the maybe notice, the Employer will elect a safe harbor with a supplemental notice and make a nonelective equal to _____% (at least 3%) of compensation for the Plan Year ending: _____

- f. **Participants who will receive Safe Harbor Contributions.**
 - 1. All Participants
 - 2. Non-Highly Compensated Employees only
 - 3. Non-Highly Compensated Employees and designated HCEs

- g. **Early Elective Deferrals/delay of Safe Harbor Contribution.**
The Safe Harbor Contribution will be made to those Participants: (i) who have attained age 21; (ii) who have completed one Year of Service; and (iii) who the Plan Administrator treats as benefiting in the disaggregated plan covering the Includible Employees.
- h. **Another Plan.** The employer will make the contribution to another plan: _____

- i. **Additional Matching Contributions:**
 - 1. **Fixed Matching Contribution**
 - a. Uniform Percentage: Matching Contribution equal to _____% but not exceeding _____% of the Participant's Compensation
 - b. Tiered formula. A Matching Contribution equal to the specified matching rate for the corresponding level of each Participant's deferral percentage. A Participant's deferral percentage is equal to deferrals divided by compensation.

Elective Deferral Percentage	Matching Percentage
_____%	a. _____%
_____%	a. _____%
_____%	a. _____%

- 2. Discretionary Additional Matching Contribution on elective Deferrals, up to 6% of Plan Year Compensation, and the amount cannot exceed 4% of Plan Year Compensation
- j. Time Period: "Compensation" and "Elective Deferrals" means Compensation and Elective Deferrals for: _____

 (fill in with applicable time period for computing Basic Match such as "each payroll period")

25. Nonelective Contributions (amount/type)

- a. Discretionary
- b. Fixed contribution
 - 1. Uniform %: _____% of comp per _____ (PY, etc.)
 - 2. Fixed dollar \$: _____ per _____ (PY, etc.)
 - 3. Describe: _____
- c. Fixed – Permitted Disparity (select 1. or 2. AND 3.)
 - 1. Excess Formula: _____% of each Participant's Compensation for the PY plus _____% if comp in excess of the integration level
 - 2. Step-Rate Formula: _____% of each Participant's Compensation for the PY up to the integration level plus _____% if comp in excess of the integration level
 - 3. Excess Compensation: Compensation in excess of:
 - a. Percentage amount: _____% of the TWB, rounded up to the next highest \$ _____
 - b. Dollar amount: \$ _____
- d. One-time irrevocable election. Amount elected by the Participant upon initial eligibility.
- e. Related or Participating Employers
 - 1. All the same
 - 2. At least one different _____
- f. Describe: _____

26. Nonelective Contributions Allocation:

- a. Pro Rata: Uniform percentage of Compensation
- b. Incorporation of contribution formula (#25)
- c. Permitted Disparity
 - 1. Percentage amount: _____% of the TWB, rounded up to the next highest \$ _____
 - 2. Dollar amount: \$ _____
- d. Related and Participating Employers. If any Related and Participating Employers contribute Nonelective Contributions to the Plan, the Plan Administrator will allocate the Nonelective Contributions made by the Participating Employer(s) under Election 25(e) (Complete (1) and (2)):
 - 1. Allocation Method. (Choose one of a. or b.):
 - a. All the same. Using the same allocation method as applies to the Signatory Employer under this Election 26.
 - b. At least one different. Under the following allocation method(s): _____
 - 2. Allocation sharing. The Plan Administrator will allocate the Nonelective Contributions made by the Signatory Employer and by any participating Employer (Choose one of a. or b.):

- a. Employer by Employer. Only to the Participants directly employed by the contributing Employer
- b. Across employer lines. To all Participants regardless of which Employer directly employs them and regardless of whether their direct Employer made Nonelective Contributions for the Plan Year.
- e. Describe: _____

27. Allocation Conditions – Select All Contributions or as applicable at Matching Contributions, Profit Sharing Contributions and/or Forfeitures

All Contributions and Forfeitures (no conditions for deferrals, safe harbor, voluntaries, additional matching)

- a. None
- b. Have completed 501 Hours of Service prior to termination of employment
- c. Last day of Plan Year
- d. Have completed 1000 Hours of Service
- e. Describe: _____

Allocation Conditions – Matching Contributions

- a. None
- b. Have completed 501 Hours of Service prior to termination of employment
- c. Last day of Plan Year
- d. Have completed 1000 Hours of Service

Allocation Conditions – Profit Sharing Contributions

- a. None
- b. Have completed 501 Hours of Service prior to termination of employment (may not be selected with 27a)
- c. Last day of Plan Year
- d. Have completed 1000 Hours of Service

Allocation Conditions – Forfeitures

- a. None
- b. Have completed 501 Hours of Service prior to termination of employment (may not be selected with 27a)
- c. Last day of Plan Year
- d. Have completed 1000 Hours of Service

28. Allocation Conditions – Application/Waiver/Suspension

- a. Total waiver or application – if a participant incurs a severance on account of or following death, disability or attainment of NRA
 - 1. Do not apply allocation conditions
 - 2. Apply allocation conditions
- b. **Application/Waiver as to All Contributions – apply conditions except waive in the case of:**
 - 1. Death
 - 2. Disability
 - 3. Normal Retirement Age

Application/Waiver as to Matching – apply conditions except waive in the case of:

- 1. Death
- 2. Disability
- 3. Normal Retirement Age

Application/Waiver as to Nonelective – apply conditions except waive in the case of:

- 1. Death
- 2. Disability
- 3. Normal Retirement Age

Application/Waiver as to Forfeitures – apply conditions except waive in the case of:

- 1. Death
- 2. Disability
- 3. Normal Retirement Age

- c. **Suspension – suspension of allocation conditions**
1. Applies as follows
 - a. Both nonelective & matching
 - b. Nonelective
 - c. Matching
 2. Does not apply

29. Forfeiture Allocation Method – Select all Forfeitures or as applicable at Matching Forfeitures and Profit Sharing Forfeitures

All Forfeitures

- a. Additional Nonelective
- b. Additional Match
- c. Reduce Nonelective
- d. Reduce Match
- e. Plan Expenses first (must be selected with a. - d. or f.)
- f. Other: _____

Forfeiture Allocation Method – Matching Forfeitures

- a. Additional Nonelective
- b. Additional Match
- c. Reduce Nonelective
- d. Reduce Match
- e. Plan Expenses first (must be selected with a. - d. or f.)

Forfeiture Allocation Method – Nonelective Forfeitures

- a. Additional Nonelective
- b. Additional Match
- c. Reduce Nonelective
- d. Reduce Match
- e. Plan Expenses first (must be selected with a. - d. or f.)

30. Forfeiture Allocation Timing – All Forfeitures

- a. Same Plan Year
- b. Next Plan Year

Forfeiture Allocation Timing – Nonelective

- a. Same Plan Year
- b. Next Plan Year

Forfeiture Allocation Timing – Matching

- a. Same Plan Year
- b. Next Plan Year

31. Employee (After-Tax) Contributions.

a. Limitations

1. None
2. Additional Limitations: _____

b. Matching Contributions

1. None
2. Applies: _____

32. Annual Testing Elections:

a. HCE Determination.

1. Top-Paid Group election

- a. Does not apply
- b. Applies

2. Calendar Year data election (fiscal yr Plan only)

- a. Does not apply
- b. Applies

b. ACP Test/Safe Harbor

1. Not applicable
2. ACP Test applies
 - a. Current year
 - b. Prior year
3. Safe Harbor – ACP test does not apply

c. 401(m) first Plan Year (Prior Year Testing) Commencing

1. Deemed 3% NHCE ACP
2. Actual – apply actual current year

33. Retirement Age.

Normal Retirement Age (NRA) is:

- a. Specific age _____
- b. Later of the date of attaining age _____ or the _____ anniversary of joining Plan

Note: If ERISA plan, cannot be later than age 65 and/or 5th anniversary

Early Retirement Age (ERA):

- c. N/A. No Early Retirement Provisions.
- d. Later of the date of
 1. attaining age _____
 2. the _____ anniversary of joining Plan
 3. the date a Participant completes _____ Years of Service...
"Year of Service" means "Year of Service" for:
 1. Eligibility
 2. Vesting

34. Acceleration on Death or Disability – 100% vesting on death or disability

- a. Applies
- b. Not applicable
- c. Limited – apply 100% vesting only on:
 1. death
 2. disability

35. Vesting Schedule – Select All Contributions or as applicable at Matching Contributions and Profit Sharing Contributions

All contributions

- a. 100% upon entering Plan
- b. subject to the following vesting schedule:
 2. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
 3. 3-year cliff (satisfies top-heavy)
 4. Modified

Service	Percent	Service	Percent
Less than 1	1. _____%	4	1. _____%
1	1. _____%	5	1. _____%
2	1. _____%	6 or more	100%
3	1. _____%		

5. Non-ERISA

Service	Percent	Service	Percent
a. _____	1. _____%	e. _____	1. _____%
b. _____	1. _____%	f. _____	1. _____%
c. _____	1. _____%	g. _____	1. _____%
d. _____	1. _____%		

Vesting Schedule. – Nonelective Contributions

- 1. 100% upon entering Plan
- 2. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
- 3. 3-year cliff (satisfies top-heavy)
- 4. Modified

Service	Percent	Service	Percent
Less than 1	1. _____%	4	1. _____%
1	1. _____%	5	1. _____%
2	1. _____%	6 or more	100%
3	1. _____%		

5. Non-ERISA

Service	Percent	Service	Percent
a. _____	1. _____%	e. _____	1. _____%
b. _____	1. _____%	f. _____	1. _____%
c. _____	1. _____%	g. _____	1. _____%
d. _____	1. _____%		

Vesting Schedule. – Matching Contributions (non-Safe Harbor or QACA Plan)

- 1. 100% upon entering Plan
- 2. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
- 3. 3-year cliff (satisfies top-heavy)
- 4. Modified

Service	Percent	Service	Percent
Less than 1	1. _____%	4	1. _____%
1	1. _____%	5	1. _____%
2	1. _____%	6 or more	100%
3	1. _____%		

5. Non-ERISA

Service	Percent	Service	Percent
a. _____	1. _____%	e. _____	1. _____%
b. _____	1. _____%	f. _____	1. _____%
c. _____	1. _____%	g. _____	1. _____%
d. _____	1. _____%		

Vesting Schedule. – Additional Matching Contributions (Safe Harbor or QACA Plan only)

- 1. 100% upon entering Plan
- 2. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
- 3. 3-year cliff (satisfies top-heavy)
- 4. Modified

Service	Percent	Service	Percent
Less than 1	1. _____%	4	1. _____%
1	1. _____%	5	1. _____%
2	1. _____%	6 or more	100%
3	1. _____%		

5. Non-ERISA

Service	Percent	Service	Percent
a. _____	1. _____%	e. _____	1. _____%
b. _____	1. _____%	f. _____	1. _____%
c. _____	1. _____%	g. _____	1. _____%
d. _____	1. _____%		

c. QACA Vesting Schedule

- 1. 2-year cliff
 - 2. 100% immediate
 - 3. Modified
- | Service | Percent |
|-------------|-----------|
| Less than 1 | 1. _____% |
| 1 | 1. _____% |
| 2 | 100% |

4. Non-ERISA

Service	Percent	Service	Percent
a. _____	1. _____%	e. _____	1. _____%
b. _____	1. _____%	f. _____	1. _____%
c. _____	1. _____%	g. _____	1. _____%
d. _____	1. _____%		

d. Special vesting provisions: _____

36. Year of Service – Vesting. (skip if Elapsed Time Method used for all purposes)

- a. _____ Hours (not to exceed 1,000) for a Plan Year
- b. Subsequent Eligibility Computation Periods
 - 1. Plan Year
 - 2. Anniversary Year
- c. Describe: _____
(e.g., Anniversary Year for doctors, PY for all others; 500 Hours for matching, 1000 for Nonelective).

37. Excluded Years of Service – Vesting

- a. None
- b. Age 18
- c. Prior to Plan Establishment
- d. Parity Break in Service
- e. Prior Plan Terms
- f. Additional Exclusions: _____

38. Individual/Group Accounts:

- a. Individual Accounts only (skip to 46)
 - b. Group Accounts
- Note:** If a. is selected, NO distribution forms will be generated.

39. Mandatory Distributions following Severance from Employment

- a. No mandatory distributions – Participant consent required for all distributions
- b. Yes, Participant consent is needed only if the distribution exceeds
 - 1. \$5,000
 - 2. \$1,000
 - 3. \$_____ (may not exceed \$5,000)

AND the threshold for Participant consent is determined by:

 - 4. Excluding Rollover Contributions
 - 5. Including Rollover Contributions

40. Severance Distribution Timing. A Participant can receive a distribution on Severance of Employment:

- a. Immediate
- b. Next valuation Date
- c. Plan Year. In the _____ Plan Year following severance
- d. Plan Year Quarter. In the _____ Plan Year quarter following severance
- e. No distribution before NRA
- f. Describe distribution timing: _____

41. Distribution Method (select all that apply)

- a. Lump sum
b. Installments
c. Installments only for required minimum distributions
d. Annuity distribution option(s)
e. Describe:

42. Joint and Survivor Annuity Requirements

- a. Exception. Joint and Survivor Annuities do not apply
b. Applicable

43. Distribution Prior to Severance/Events

A Participant, prior to Severance, may elect any of the following distribution options.

Events - All Contributions

- a. None
b. Age (must be at least 59 1/2)
f. Disability
g. Other:

Events - Elective Deferral Account (Code Sec 403(b)(1))

- a. None
b. Age (must be at least 59 1/2)
d. Hardship (safe harbor)
e. Hardship (non-safe harbor)
f. Disability

Events - Non-Deferral Account (Code Sec 403(b)(1))

- a. None
b. Age (must be at least 59 1/2)
c. Age (less than 59 1/2)
d. Hardship (safe harbor)
e. Hardship (non-safe harbor)
f. Disability

Events - Non-Deferral Account (Code Sec 403(b)(7))

- a. None
b. Age (must be at least 59 1/2)
f. Disability

Events - RIA (Code Sec 403(b)(9))

- a. None
b. Age (must be at least 59 1/2)
c. Age (less than 59 1/2)
d. Hardship (safe harbor)
e. Hardship (non-safe harbor)
f. Disability

44. In-Service Distributions/Additional Conditions

- a. Additional Conditions (complete 1., choose 2. or 3. as applicable)
1. Vesting
a. 100% vesting required
b. 100% vesting required except for hardship
c. Not required
2. A Participant may not receive a distribution less than \$ (not exceeding \$1000)
3. Describe other conditions:

45. EACA Permissible Withdrawals

- a. Permissible withdrawals allowed of EACA deferrals:
1. All EACA Participants
2. Participant with EACA Auto Deferrals only
3. Describe:
b. Permissible withdrawals not allowed

46. Allocation of Earnings

- a. Individual Accounts only
b. Group Accounts - Select as applicable at all contributions or under each type

Group Accounts - All contributions

- 1. Daily
2. Balance Forward
3. Weighted Average. If not monthly, the period is:
4. Describe method:

Group Accounts - Elective Deferrals

- 1. Daily
2. Balance Forward
3. Weighted Average. If not monthly, the period is:

Group Accounts - Matching contributions

- 1. Daily
2. Balance Forward
3. Weighted Average. If not monthly, the period is:

Group Accounts - Nonelective contributions

- 1. Daily
2. Balance Forward
3. Weighted Average. If not monthly, the period is:

47. Valuation Dates

- a. Individual Accounts only
b. Group Accounts - Select as applicable at all contributions or under each type

Group Accounts - All contributions

- 1. No additional Valuation Dates
2. Daily Valuation Dates
3. Last Day of each of the Plan Year
4. Specified Dates:

Group Accounts - Elective Deferrals

- 1. No additional Valuation Dates
2. Daily Valuation Dates
3. Last Day of each of the Plan Year

Group Accounts - Matching contributions

- 1. No additional Valuation Dates
2. Daily Valuation Dates
3. Last Day of each of the Plan Year

Group Accounts - Nonelective contributions

- 1. No additional Valuation Dates
2. Daily Valuation Dates
3. Last Day of each of the Plan Year

Name of Insurance Company/Custodian:

(exactly as it is to appear with punctuation)
c.

Execution for Page Substitution Amendment Only

- d. 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)

48. Participant Loans: Unless contract or 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:
 - a. will suspend loan payments
 - b. will not suspend loan payments

49. Rollover Contributions

- a. Not permitted
- b. Permitted

50. Funding Vehicles: (exactly as it is to appear with punctuation)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

51. 1st PARTICIPATION AGREEMENT

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

52. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

53. 2nd PARTICIPATION AGREEMENT

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

54. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

55. 3rd PARTICIPATION AGREEMENT

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

56. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

57. 4th PARTICIPATION AGREEMENT

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

58. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

59. 5th PARTICIPATION AGREEMENT

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

60. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

61. 6th PARTICIPATION AGREEMENT

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

62. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

63. 7th PARTICIPATION AGREEMENT

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

64. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

65. 8th PARTICIPATION AGREEMENT

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

66. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

67. 9th PARTICIPATION AGREEMENT

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

68. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

69. 10th PARTICIPATION AGREEMENT

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

70. SPECIAL PARTICIPATING EMPLOYER PLAN PROVISION EFFECTIVE DATES:

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

71. Supporting Forms

- a. Includes all forms--SPD-8.5 x 11, Annual Notices, Tax Notices (402(f)) and Administrative Forms
b. No Forms
c. Select Individual Forms
1. SPD-8.5 x 11
2. Annual Contribution Notices
3. Annual Investment Notice
4. Tax Notices (402(f))
5. Administrative Forms (select all that apply)
a. General Forms
b. Distribution Forms (General) (do not select if indiv accts)
c. Distribution Forms (Death) (do not select if indiv accts)
d. Distribution Forms (In-Service) (do not select if indiv accts)
e. Loan Forms (applies only if loans to Participants are permitted)

Additional Supporting Forms (select all that apply)

- 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.

72. Do you want an Adoption Agreement

- a. Yes

Font Options

- 1. 9pt Times
2. 8.5pt Arial

Title of Adoption Agreement

403(b) Plan Adoption Agreement for

3.

4.

(will appear on first page of Adoption Agreement)

- b. No

INCLUDE the following interim amendment(s)?

- c. HEART/WRERA Amendment

73. Footer Date for Summary and Adoption Agreement

- a. Yes
- b. No

Skip to 81.

81. Complete this question to provide information on the Loan Policy only if 48b 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

82. QDIA. (Qualified Default Investment Alternatives)

- a. No
- b. Yes (leave c. - i. 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)

Year of NRA	Name of Investment
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. _____

83. 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 71d 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) _____

- 84. 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: \$ _____

- 85. Annual Contribution and Annual Investment Notices.** Include optional language (applies for ALL plans with QDIA provisions or plans with safe harbor or automatic contribution provisions)
- a. **Effective Date.** Fill in effective date of notice(s). Notice is effective for Plan Year beginning on: _____
 - b. **Fax/Email.** Include additional information for plan administrator: (select all that apply - leave 1. and/or 2. blank if these will be completed in notice at a later time)
 - 1. Fax _____
 - 2. Email address _____
 - c. **Cover Letter.** Include Annual Notices cover letter
 - 1. **Date.** Cover letter should be dated as follows: (optional) _____
 - 2. **Employer Contact.** Include contact name (optional) _____
 - 3. **Separate Letter for QDIA.** Include separate cover letter for Annual Investment Notice (QDIA) (only applies if QDIA AND safe harbor or automatic contribution provisions).
 - 4. **Signature.** Name of sponsor/firm sending cover letters to Employer: _____

Supplemental Safe Harbor Notification. Select all that apply (only for 403(b) plans with Safe Harbor Nonelective "maybe" contribution provisions)

- d. **Blank notice.** Include blank notice for future Plan Years.
- e. **Filled-in notice.** Include completed notice for current Plan Year (1. and 2. below must be completed)
 - 1. **Plan Year End Date.** Fill in effective date of notice. Notice is effective for Plan Year ending on: _____
(month day, year)
 - 2. **Safe Harbor Nonelective Contribution.** Employer has decided to: (Note: If b. or c. is selected, Plan must be amended.)
 - a. Not make a contribution
 - b. Amend the Plan to contribute 3% of compensation
 - c. Amend the Plan to contribute _____% (not less than 3%) of compensation
- f. **Amendment.** Include amendment to implement Safe Harbor Nonelective Contribution (only applies to safe harbor chosen at Question 24e) (amendment will be blank unless e2b or e2c are selected).

- 86. 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).

- 87. 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).

- 88. In-Plan Roth Rollover Contributions.** Does the Plan permit In-Plan Roth Rollover Contributions?
- a. Yes (answer 89 as applicable)
Effective Date. This Amendment is effective: (may be left blank if same as Plan or Restatement Effective Date)
 - 1. _____
(enter date not earlier than September 28, 2010.)

- 89. Eligibility and Type of Rollover.** Any Participant may elect an In-Plan Roth Rollover by direct rollover except that, if elected below, a Participant must also be an Employee at the time of the In-Plan Roth Rollover: (select all that apply)
- a. In-service distribution only. Only Participants who are Employees may elect an In-Plan Roth Rollover.
 - b. No transfer of loans. Loans may not be distributed as part of an In-Plan Roth Rollover. (If not selected, any loans may be transferred).

In-service Roth distribution provisions. The Employer elects the following regarding in-service distributions from the Plan **solely** for purposes of making an In-Plan Roth Rollover Contribution: (choose either **c.** or **d.**)

- c. N/A. Existing in-service distribution provisions apply. The Plan's existing in-service distribution provisions apply. (May only be elected if Plan permits in-service distributions – if selected, the remaining options in this Section 2.2 do not apply.)
- d. In-service distribution provisions. The Employer elects to permit in-service distributions as follows solely for purposes of making an In-Plan Roth Rollover Contribution: (select one or more of 1. through 4.)
1. The Participant has attained age _____.
 2. The Participant has _____ months of participation (specify minimum of 60 months).
 3. The amounts being distributed have accumulated in the Plan for at least _____ years (at least 2).
 4. Other (describe): _____
(must be definitely determinable and not subject to Employer discretion (e.g., Age 50, but only with respect to non-elective contributions, and not matching contributions)).

Source of In-Plan Roth Rollover Contribution. The Plan permits a direct rollover from the following qualifying sources:

5. All Accounts
6. A Participant may only elect an In-Plan Roth Rollover Contribution from the following qualifying sources (select all that apply):
 - a. Pre-Tax Elective Deferral Account.
 - b. Account(s) attributable to Employer matching contributions (includes any ADP/ACP test safe harbor matching contributions).
 - c. Account attributable to Employer nonelective contributions.
 - d. Qualified Nonelective Contribution Account (includes any ADP test safe harbor nonelective contributions).
 - e. Rollover Account.
 - f. Other: _____
(specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion (e.g., a Participant's Pre-tax Deferral Account or Matching Contribution Account, but not the Participant's Nonelective Contribution Account))

Other limitations on direct In-Plan Roth Rollover Contribution

7. No other limitations
8. The following limitations apply (select one or more):
 - a. The minimum amount that may be rolled over is \$ _____ (may not exceed \$1,000).
 - b. Distributions may only be made from accounts which are fully Vested.
 - c. In-service distributions may be made subject to the following provisions (describe): _____
(must be definitely determinable and not subject to discretion).

Withholding. If the Plan does not permit an actual distribution upon the event triggering the right to elect the In-Plan Roth Rollover Contribution, then a Participant may not elect to have a portion of the amount that may be distributed as an In-Plan Roth Rollover Contribution distributed for tax withholding purposes unless elected below:

9. Distribution for withholding. A Participant may elect to have a portion of the amount that may be distributed as an In-Plan Roth Rollover Contribution distributed solely for purposes of federal or state income tax withholding related to the In-Plan Roth Rollover Contribution.

90. 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.

91. 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 () _____

92. In-Plan Roth Transfers. Does the Plan permit In-Plan Roth Transfers?

- x. Yes (applies only if Roth Elective Deferrals are permitted (6.b); answer a. - d. as applicable)

Effective Date. This Amendment is effective: (may be left blank if same as Plan or Restatement Effective Date)

1. _____
(enter date not earlier than January 1, 2013.)

Source of In-Plan Roth Transfer. The Plan permits a transfer from the following qualifying sources:

- a. The Vested portion of any Account
- b. Only from the Vested portion of the following accounts (select one or more):
 1. Pre-Tax Elective Deferral Account
 2. Account(s) attributable to Employer matching contributions (includes any safe harbor matching contributions)
 3. Non-Elective Account attributable to Employer profit sharing contributions.
 4. Qualified Nonelective Contribution Account (includes any safe harbor nonelective contributions)
 5. Rollover Account
 6. Other: _____
(specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion; e.g., a Participant's Pre-tax Deferral Account or Matching Contribution Account, but not the Participant's Nonelective Contribution Account)

Other limitations on In-Plan Roth Transfer

- c. No other limitations
- d. The following limitations apply (select one or more):
 1. The minimum amount that may be transferred is \$ _____ (may not exceed \$1,000).
 2. Transfers may only be made from accounts which are fully Vested.
 3. No more than _____ transfer(s) may be made during a Plan Year.
 4. Only Participants who are Employees may elect an In-Plan Roth Transfer.
 5. Transfers may be made subject to the following provisions (describe): _____
(must be definitely determinable and not subject to Employer or Administrator discretion).