

PARTICIPATION AGREEMENTS

70. Participating Employers. Complete information for the Affiliated Employers who are adopting the Plan as Participating Employers? (skip to 95 if 4b3 (non-stand) or 4b (stand) has NOT been selected)

- a. No (skip to 95)
b. Yes

AND, (select all that apply)

- 1. list the Participating Employers in the SPD and Notice to Interested Parties
2. include Participation Agreements for Affiliated/Participating Employers

71. FIRST EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: with the Participating Employer having originally commenced participation in the Plan effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Second Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

72. SECOND EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: with the Participating Employer having originally commenced participation in the Plan effective as of:
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1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Third Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

73. THIRD EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: with the Participating Employer having originally commenced participation in the Plan effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Fourth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

74. FOURTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Fifth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

75. FIFTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____

- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Sixth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

76. SIXTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____

- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Seventh Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

77. SEVENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____

h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:

i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:

j. SPECIAL EFFECTIVE DATES:

Will there be an Eighth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

78. EIGHTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:

g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: with the Participating Employer having originally commenced participation in the Plan effective as of:

h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:

i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:

j. SPECIAL EFFECTIVE DATES:

Will there be a Ninth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

79. NINTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:

g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: with the Participating Employer having originally commenced participation in the Plan effective as of:

h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:

i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:

j. SPECIAL EFFECTIVE DATES:

Will there be a Tenth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

80. TENTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:

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h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:

i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:

j. SPECIAL EFFECTIVE DATES:

Will there be an Eleventh Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

81. ELEVENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Twelfth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

82. TWELFTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____

- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Thirteenth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

83. THIRTEENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Fourteenth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

84. FOURTEENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Fifteenth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

85. FIFTEENTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Sixteenth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

86. SIXTEENTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Seventeenth Affiliated/Participating Employer?

- k. No (skip to 95)
l. Yes

87. SEVENTEENTH EMPLOYER INFORMATION

- a. Name
b. Address (Street)
1. City
2. State
3. Zip
c. Telephone
d. Taxpayer Identification Number (TIN)
e. Fiscal Year

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of:
h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be an Eighteenth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

88. EIGHTEENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Nineteenth Affiliated/Participating Employer?

- k. No (skip to 95)
- l. Yes

89. NINETEENTH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____

- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____

Will there be a Twentieth Affiliated/Participating Employer?

- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____
- k. No (skip to 95)
- l. Yes

90. TWENTIETH EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year _____

EFFECTIVE DATE(S)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of: _____
- g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Skip to 95.

IRS REQUIRED AMENDMENTS

95. Amendment for PPA, HEART ACT and Other Law Changes. Use defaults for ALL provisions provided in the amendment.

- a. Yes, use ALL default provisions (skip to 100)
- b. No (answer 96-99 as applicable)

96. EMPLOYER ELECTIONS

(2.2) Effective date of applicable mortality table set forth in Amendment Section 3.3.3(c). The applicable mortality table described in Amendment Section 3.3.3(c) is effective for years beginning after December 31, 2008, unless an earlier date is specified: (leave blank if default applies)

- a. _____ (may be a year beginning after December 31, 2007 and before January 1, 2009, or to any portion of such year)

Skip to 98.

98. (2.4) HEART ACT provisions.

Continued benefit accruals. (Default provision: Amendment Section 7.2 will NOT apply unless elected below:

- a. [] The provisions of Amendment Section 7.2 apply effective as of the first day of the 2007 Plan Year unless another date is elected below: no change to link
1. [] (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)

- 2. []

Differential pay. Differential wage payments (as described in Amendment Section 7.3) will be treated, for Plan Years beginning after December 31, 2008, as Compensation for all Plan benefit purposes unless otherwise elected below.

- b. [] Differential wage payments will not be treated as Compensation for benefit purposes effective as of
c. [] In lieu of the above default provision, the inclusion is effective for Plan Years beginning after (may not be earlier than December 31, 2008)

99. Applicable interest rate. For purposes of Amendment Section 8.2, unless otherwise elected below, the stability period and the lookback month are set forth in the Plan. (If an alternative election is being made, then a selection at both a. and b. must be made.) (leave blank if defaults apply)

- a. [] The stability period for purposes of determining the Applicable Interest Rate is:
1. [] One calendar month
2. [] One Plan Year quarter
3. [] One calendar year quarter
4. [] One Plan Year
5. [] One calendar year
b. [] The lookback month relating to the Stability Period is the:
1. [] first calendar month preceding the first day of the Stability Period
2. [] second calendar month preceding the first day of the Stability Period
3. [] third calendar month preceding the first day of the Stability Period
4. [] fourth calendar month preceding the first day of the Stability Period
5. [] fifth calendar month preceding the first day of the Stability Period
6. [] average rate for two or more calendar months preceding the first day of the Stability Period (specify which of the first through fifth months are averaged)

100. DB 436 Regulations Amendment - optional elections

Code Section 436 Benefit Restrictions (Article III) Treatment of Plan as of Close of Prohibited or Cessation Period (Section III(h)). Unless otherwise elected below, accruals that had been limited under Section (e) of Article III will be automatically restored in accordance with Section (h)(i)(B) of Article III as of the "Section 436 measurement date" that the limitation ceases to apply.(leave blank if default applies)

- a. [] Accruals will only continue prospectively as of the "Section 436 measurement date" that the limitation ceases to apply.
b. [] All accruals under the Plan will cease (even after the "Section 436 measurement date" that the limitation ceases to apply).

Accelerated Benefit Distributions (Section III(h)). Unless otherwise elected below, (1) there is no new "annuity starting date" with respect to payments made as a result of the benefit limitations no longer being applicable, and (2) there are no optional forms of benefit that are only available for the period of the benefit restrictions. (leave blank if default applies)

- c. [] Use the following instead of the default (select all that apply):
1. [] Participants who had an "annuity starting date" within a period during which a limitation Section (d) of Article III applied to the Plan with the opportunity to make a new election with a new "annuity starting date" in accordance with Section (h)(i)(A) of Article III.
2. [] The following optional forms of benefit are only available during the period in which Regulation Section 1.436-1(d)(1), (d)(2), or (d)(3) applies to limit prohibited payments under the Plan (specify):

Skip to 110.

OTHER PROVISIONS

110. QDIA. Include Qualified Default Investment Alternative

(skip to 120 if 52a selected (plan does NOT provide for directed investments))

- a. [] No (skip to 120)
b. [] Yes (leave c. - h. blank if these will be completed in participant notices at a later time)

The Primary QDIA is

- c. [] (insert name)

QDIA characteristics (select all that apply)

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

- d. [] 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)

- e. [] at any time.
f. [] quarterly.
g. [] Other (must be at least quarterly)

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

- h. []

Skip to 120.

DOCUMENT REQUESTS

120. Do you want an Adoption Agreement?

NOTE: If selecting Yes, must also select c1. and c2. below to have required interim amendments prepared (e.g., if new plan or re-adopting previously supplied amendments).

- a. No
b. Yes

Amendments

- c. Include the following required interim amendment(s)? (Unless otherwise selected below, amendments will provide for adoption by sponsor/volume submitter practitioner on behalf of all adopting employers and will include "signature on file" provision. (Note: If SunGard is on the IRS opinion or advisory letter, must select option 2. below for each amendment.))
1. PPA, HEART ACT (and other law changes)
 - a. Include signature lines for sponsor (rather than signature on file)
 - b. No sponsor-level amendment (Employer must sign)
 2. DB 436 Regulations Amendment
 - a. Include signature lines for sponsor (rather than signature on file)
 - b. No sponsor-level amendment (Employer must sign)

Font Options for Adoption Agreement/Amendments (may only be selected with 120b or 120c)

- d. 9pt Times
e. 8.5pt Arial

121. Basic Supporting Forms

- a. No basic forms
b. Includes all forms--SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices (402(f)), Administrative Forms with Guide, Resolution and Index
c. Select Individual Forms
 1. SPD-8 1/2 x 11
 - a. Short Form Q&A
 2. Resolution
 3. Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions)
 4. Tax Notices (402(f))
 5. Administrator's Guide
 6. Index
 7. Administrative Forms (select all that apply)
 - a. General Forms
 - b. Distribution Forms (General)
 - c. Distribution Forms (Death)
 - d. Distribution Forms (In-Service)
 - e. Loan Forms (applies only if loans to Participants are permitted)

122. Additional Supporting Forms

- a. No additional forms
b. Also include the following forms:
 1. Tax Forms (no longer applicable for prototype plans)
 2. Notice to Interested Parties (no longer applicable for prototype plans)
 3. Submission Instructions (Submission Forms) (no longer applicable for prototype plans)
 4. Appendix for Rollovers From Other Plans (appears at the end of the SPD; applies only if plan accepts rollovers)
 5. Form 8905 (Certification of Intent To Adopt a Pre-approved Plan)

- a. Name of M&P sponsor or volume submitter practitioner (1st line-maximum 35 of characters)
1. _____
(2nd line optional) (maximum of 35 characters)
- b. M&P sponsor or volume submitter practitioner EIN (e.g., 95) _____
1. EIN (last 7 digits e.g., 2845556) _____
- c. M&P or volume submitter plan name (1st line maximum of 35 characters) (e.g., XYZ Bank Prototype Plan) _____
1. _____
(2nd line optional) (maximum of 35 characters)
- d. Adopting Employer Identification Number EIN (first 2 digits ex: 95) _____
1. EIN (last 7 digits ex: 2845556) _____

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 c. is selected below:

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

123. Format - Supporting Forms

Font Options

- a. 9pt Times
b. 8.5pt Arial

Drafting Preferences

- c. Standard (single, ragged)
d. Single, right justified
e. Double, ragged
f. Double, right justified

SPD (8 1/2 x 11). Include headers and/or footers?

- g. No
h. Yes (select all that apply)
 1. Header for SPD: _____
 2. Footer for SPD: _____
 3. Footer for SPD title page:
 - a. _____
 - b. same as footer at 2. above.

SUPPORTING FORMS INFORMATION

(If no SPD or Forms selected, skip to 140)

126. SPD. Pension Benefit Guaranty Corporation coverage

Is this Plan covered by PBGC?

- a. Yes
b. No

127. SPD. COLA - update the SPD for the 2018 limits (optional) (Note: The SPD and forms currently reflect 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: \$ _____

SPD. Include language for past provisions? (adds language to the SPD for certain provisions that are no longer included in the Plan) (leave blank if not applicable; skip if new plan)

- b. Yes (select all that apply)
1. Loans were permitted prior to _____
 2. Mandatory contributions were permitted prior to _____

SPD. Include optional language (leave blank if not applicable)

- c. Yes, include the following:
1. Spanish Text. Include in introduction (refers participants to Plan Administrator)
 - a. Plan Administrator Office Hours _____ (optional)

128. Annual Investment Notice (QDIA). Include optional language (applies only for plans with QDIA provisions)

- a. **Effective Date.** Fill in effective date of notice. Notice is effective for Plan Year beginning on: _____
- b. **Fax/Email.** Include additional information for plan administrator: (select all that apply - leave 1a and 2a blank if these will be completed in notice at a later time)
1. Fax
 - a. _____
 2. Email address
 - a. _____
- c. **Cover Letter.** Include Annual Notice cover letter
1. **Date.** Cover letter should be dated as follows: (optional)

 2. **Employer Contact.** Include contact name: (optional)

129. Optional Index Information

(skip unless 121b, 121c or 121d6 has been selected)

- a. Trust TIN _____
- b. Include blank lines to enter amendment information

Skip to 131.

131. SPD and Forms. Include optional language (leave blank if not applicable, skip a. AND b. if 42o1 has NOT been selected)

- a. **Automatic IRA Rollover - amount.** If no participant election is made, mandatory distributions of at least: \$ _____ (specify \$1,000 or less) will be automatically rolled over to an IRA. (Note: If this option is NOT selected, mandatory distributions of amounts of \$1,000 or less will be distributed in a lump-sum.)

Distribution Election Form. Include optional language (if b. not selected, the form will include blanks to complete the information at a later time)

- b. **Automatic IRA Rollover - issuer.** Include name and address of the financial institution where the IRA will be established
1. Name of IRA Institution: _____
 2. Address: _____

Skip to 140.
