

1. DOCUMENT REQUIRED

- a. Plan and Trust as one document
b. Plan and Trust as separate documents
c. Plan Only-No Trust
1. Non-Trusteed (e.g. 412(i) fully insured) Plan (must select 66e)
2. Third-party separate trust. NOTE: When 11a will be selected, ONLY AN IRS-PREAPPROVED SEPARATE TRUST MAY BE USED IF YOU WISH TO RETAIN VOLUME SUBMITTER RELIANCE.
n. No Plan or Trust (Summary and/or Forms only)

SPECIAL FEATURES (select all that apply)

- d. Contributory Plan (mandatory employee contributions) (must select 21b)
e. Cash balance formula (must select 11b) (may not select with 1c1)
1. New plan, or cash balance formula has been in effect since plan inception
2. Restatement of plan previously converted (or concurrently being converted) from traditional DB

2. FIRM NAME

- x.
y.

EMPLOYER INFORMATION

5. Employer's Name: (exactly as it is to appear with punctuation)

- a.
b.

6. Employer's Principal Office a. (State)

7. Employer Entity:

- a. S Corporation
b. Corporation
c. Professional Service Corporation
d. Sole Proprietorship
e. Partnership (including Limited Liability)
f. Limited Liability Company that is taxed as:
1. a partnership or sole proprietorship
2. a Corporation
3. an S Corporation
g. Tax-Exempt
1. Corporation
2. Association
3. Trust
h. Church or Government Plan

AND, is the Plan subject to ERISA?

- 1. Yes
2. No

Note: This Plan does not provide for any of the other exceptions applicable to a governmental plan (IRC §414(d)) or a nonelecting church plan. Accordingly, the church must have made the irrevocable election described by IRC §410(d).

8. Employer's Address:

- a. (Street)
b. (City) c. (State) d. (Zip)
e. Telephone
f. Fax Number

9. a. Employer's ID (EIN):

Plan No. (select one from b. - f.)

- b. 001
c. 002
d. 003
e. 004
f.

Trust ID (TIN) (optional)

- g.

PLAN ADMINISTRATION

10. Plan Information:

- a. New (skip to 11) (may not be selected with 1e2)
b. Amendment and Restatement

Was original Plan Name same as Restated Plan?

- c. Yes
d. No

If No, enter ORIGINAL Name of Document (exactly as it is to appear with punctuation)

- 1.
2.

Should Plan benefits be frozen and the trust continued until all assets are distributed in accordance with Plan provisions?

- e. No
f. Yes, and the freeze date of the Plan benefits is:

(month) (day) (year)

11. Document Information:

- a. IDP-formatted Volume Submitter plan (skip to 12) (may not be selected if cash balance plan (1e) selected)
b. True IDP plan without reliance (must be selected if 1e)

12. Is this Plan being restated for EGTRRA? (skip if 10a or 11b selected)

- a. No, Plan previously restated for EGTRRA
b. Yes, this is the first restatement for EGTRRA

13. Effective Date(s):

- a. Initial Effective Date (month) (day) (year)
b. This restatement (month) (day) (year)

Note: For EGTRRA Restatement of a volume submitter plan (11a), 13b should be the first day of current Plan Year. The provisions of this Act (and others) will be made retroactive to their separately stated effective dates. Example: Calendar year plan (regardless of its initial effective date) is restated in 2009 for the various Acts. The restatement date (13b) should be 1/1/2009. In any event, you cannot use a date earlier than the first day of the first plan year beginning after 12/31/01.

14. Plan Name/Title of Document (exactly as it is to appear with punctuation)

- a. _____
b. _____
c. _____
d. _____
e. _____

Separate Trust Name/Title of Document: (may only be selected if a separate Plan and Trust selected at 1b)

- f. [] N/A (same as Plan Name)
g. _____
h. _____
i. _____

NOTE: ONLY AN IRS-PREAPPROVED SEPARATE TRUST MAY BE USED IF YOU WISH TO RETAIN VOLUME SUBMITTER RELIANCE.

15. Plan document: Include witnesses to Employer's signature

- a. [] No
b. [] Yes

16. Skip to 17.

17. Employer's Fiscal Year:

- a. [] Begins _____ (month) (day)
1. Ends _____ (month) (day)

Short Fiscal Year (select a. and b., OR skip to 18)

- a. [] If short Year, date began _____ (month) (day) (year)
b. [] and date ends _____ (month) (day) (year)

OR

- b. [] 52/53 week year ending _____ (day of week)
1. Date nearest to _____ (month) (day)

18. Plan Year:

- a. [] Begins _____ (month) (day)
1. Ends _____ (month) (day)

Short Plan Year (select a. and b., OR skip to 19)

- a. [] If short Plan Year, date began _____ (month) (day) (year)
b. [] and date ends _____ (month) (day) (year)

Note: If short Plan Year, enter the Plan Year (18a, 18a1) as it will exist going forward.

OR

- b. [] 52/53 week year ending _____ (day of week)
1. Date nearest to _____ (month) (day)

19. Plan Administrator shall be

- a. [] Employer, using Employer's address and phone

OR

- 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. _____ (City) c. _____ (State) d. _____ (Zip)
e. Telephone () _____

20. Trustee

- a. [] Corporate (e.g., bank) Trustee Name (if applicable): (may not be selected with 1c1)

- 1. _____
2. _____

AND, the Corporate Trustee is (must select 3. or 4.)

- 3. [] a directed (nondiscretionary) Trustee
4. [] a discretionary Trustee

OR

- b. [] Individual Trustee(s) Name(s)/Title: (may not be selected with 1c1)

- 1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____
7. _____ / _____
8. _____ / _____

OR

- c. [] For Non-Trusteed Plan: (may not be selected with 1a or 1b) (Enter name of carrier, then skip to 21.)

Trustee(s) address:

- d. [] Use Employer's address
e. [] Use address below

- 1. _____ (Street--Physical not P.O. Box)
2. _____ (City) 3. _____ (State) 4. _____ (Zip)

CONTRIBUTION TYPES

21. Employee Contributions

Is this a thrift plan (i.e., a plan with mandatory employee contributions)? (skip to 22 if 1c1 selected)

- a. No, mandatory employee contributions were never required...
b. Yes, provide for: (must be selected if 1d)
1. Currently required employee contributions: % of compensation
2. No current contributions, but accounts must be retained.

NOTE: May not elect 21b1 if floor-offset plan
NOTE: Electing 21b will result in the plan no longer being a design-based safe harbor plan.

May (or did) employees voluntarily make after-tax contributions?

- c. No (skip to 23)
d. Yes (may not be selected with 10a and 21b1)
1. Currently permit voluntary employee contributions...
2. No current contributions, but accounts must be retained (skip to 23)

If 21d1 AND 12b selected, the final 401(m) regulations will apply for Plan Years beginning after December 31, 2005, unless a different year is selected below:

- e. The Amendment is effective and the Final 401(m) Regulations apply to Plan Years beginning after December 31, 2004...
f. The Amendment is effective and the Final 401(m) Regulations apply to Plan Years ending after December 29, 2004...

22. If the Plan currently permits voluntary after-tax contributions (21d1), and the Employer maintains another plan that permits elective deferrals to be distributed on account of a "safe harbor" hardship, should the suspension period be reduced to six (6) months?

- a. No or N/A (skip to 23)
b. Yes

AND for EGTRRA restatement, should the six (6) month "safe harbor" suspension rule apply to the 2001 calendar year? (skip unless 12b)

- c. N/A--Plan initially effective after December 31, 2001
d. No
e. Yes

23. Anniversary Date

a. (month) (day)

SERVICE, ELIGIBILITY AND VESTING

SERVICE

24. Year of Service for Eligibility, Vesting and Benefit Accrual. Is same method used for Eligibility, Vesting and Accrual Service?

- a. Yes, indicate the method to be used
1. Hours of Service Method (skip to 28)
2. Elapsed Time Method (skip to 29)
b. No (select a different method for Eligibility, Vesting and Accrual Service at 25 - 27)

Note: Option a1 provides, for all purposes, a Plan Year computation period (except if eligibility is more than one year of service, anniversaries of date of hire will be used).

25. If different service crediting methods, complete 25 - 27

Eligibility Service

- a. N/A (No service required)
b. Hours of Service Method with a computation period of
1. Date of hire and anniversaries
2. Plan Year switch
c. Elapsed Time Method

26. Vesting Service

- a. N/A (100% vesting of ALL benefits)
b. Hours of Service Method with a computation period of
1. Date of hire and anniversaries
2. Plan Year
c. Elapsed Time Method

27. Accrual Service

- a. Hours of Service Method based on Plan Year
b. Elapsed Time Method

28. Hours of Service Method - Equivalencies: Which equivalency in lieu of actual hours will be used (skip if Elapsed Time Method used for all purposes)

- a. N/A (actual hours)
b. Days worked--one (1) Hour of Service during the day equals ten (10) Hours of Service
c. Weeks worked--one (1) Hour of Service during a week equals forty-five (45) Hours of Service
d. Semi-monthly payroll periods--one (1) Hour of Service during the semi-monthly payroll period equals ninety-five (95) Hours of Service
e. Months worked--one (1) Hour of Service during the month equals one hundred ninety (190) Hours of Service

If an equivalency method is selected above, such method will be applied to: (skip if 28b - e. NOT selected)

- f. all Employees
g. Employees for whom records of actual Hours of Service are not maintained or available (e.g., salaried employees)

Hours of Service Method. A Year of Service is 1,000 hours unless elected below (leave blank for default or enter amounts at h. and i.) (skip if Elapsed Time Method used for all purposes (24a2))

- h. Hours (not to exceed 1,000) for a Plan Year
i. Hours (not to exceed 501) for a 1-Year Break in Service

29. Service with a Predecessor Employer is to be recognized (Must be recognized if predecessor maintained a plan)

- a. No
b. Yes, with (Name of Predecessor Employer)

AND only for period of employment

- 1. after (insert date)
2. all years
c. Yes, with (Name of Predecessor Employer) for the period Employer had a Plan

Skip to 31.

31. Excluded Employees. Are any employees excluded from participation in the Plan?

- a. **No exclusions** (skip to **34**)
 b. **Yes**, the following employees are excluded:
 (select all that apply at **1. - 7.** below, then skip to **34**)
1. Commissioned Employees
 2. Leased Employees
 3. Union Employees
 4. Non-union Employees
 5. Highly Compensated Employees
 6. Nonresident Aliens with no U.S. source income
 7. Other _____

Note: Must be definitely determinable, and, if using the average benefits test to satisfy IRC §410(b) coverage testing, must be a reasonable classification. In addition, the exclusion of employees cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under IRC §410(b). The stated criteria may not include a reference to age or service, unless such criteria also includes fail-safe provisions to ensure that participants are no longer excluded after attaining age 21 and completing one year of service.

Skip to 34.

ELIGIBILITY

34. Conditions for Eligibility. Any Eligible Employee will be eligible to participate upon satisfaction of the following:

- a. Date of Hire (no age or service, skip to **37**)
 b. Any Eligible Employee will be eligible to participate upon satisfaction of the following: (select all that apply at **1. - 2.** below and **c.** and/or **d.** if applicable, then skip to **37**)
1. AGE
 - a. 20 1/2
 - b. 21
 - c. age _____ (may not exceed 21)
 2. SERVICE (may not be selected with **25a**)
 - a. _____ months of service (not to exceed 24) (**40a** MAY have to be selected)
 - b. 1 Year of Service
 - c. _____ Hours of Service (not to exceed 1,000) within 1. _____ consecutive months (not to exceed 24) 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.) (**40a** MAY have to be selected)
 - d. 1 1/2 Years of Service (**40a** MUST be selected)
 - e. 2 Years of Service (**40a** MUST be selected)
 - f. Other _____ (may not exceed age 21 and 2 Years of Service) (**40a** may have to be selected)

Note: If more than 12 months of service is selected, **40a** MUST be selected.

Waiver of Conditions

AND, are any conditions waived? (leave blank if NOT applicable)

- c. Yes, if employed on _____ (enter a date), the following requirements are waived. The waiver applies to any Eligible Employee unless **3.** selected below (select **1.** and/or **2.** **AND 3.** if applicable):
1. service requirement (will let part-time employees into the Plan) (may only be selected with **b2**)
 2. age requirement (may only be selected with **b1**)
 3. waiver is for: _____ (e.g., employees of a specific division or employees covered by an IRC §410(b)(6)(C) acquisition) (may only be selected with **b1** or **b2**)
- d. For first plan year only, anyone employed on last day of the plan year shall be eligible (may only be selected with **b1** or **b2**)

Note: Entry Date requirement will also be waived if **c.** or **d.** elected.

35. AND, reemployed Terminated Participants shall participate again on the day FOLLOWING completion of one (1) Year of Service...

- a. No—immediate participation on rehire
 b. Yes (may only be selected with **34b2b**, **34b2c**, **34b2d** or **34b2e**)

Skip to 37.

37. Entry Date

- a. date eligibility requirements are met
 b. dual entry (1st day of year and 6 months later)
 c. 1st day of the month coinciding with or next following date eligibility requirements are met
 d. 1st day of the Plan Year coinciding with or next following date eligibility requirements are met (Eligibility must be age 20 1/2 and/or 6 months or less) (may not be selected with **34b1b**, **b2b**, **b2d**, or **b2e**)
 e. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
 f. 1st day of the Plan Year in which eligibility requirements are met
 g. 1st day of the Plan Year nearest date eligibility requirements are met
 h. Other _____

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.

Skip to 39.

TOP-HEAVY

39. Should Top-Heavy provisions be included?

- a. No (may only select if governmental plan or if plan covers exclusively union employees) (skip to **40**)
 b. Yes, using
1. Total years of service
 2. Plan years of service (participation)
- for:**
3. only Non-Key Employees
 4. all Participants

If DC and DB Plans are maintained, which Plan provides top-heavy minimum benefit?

- c. N/A (DC and DB Plans not maintained or 10f selected)
- d. Defined Contribution Plan, with 5% minimum in the

_____ (specify other plan) if participant also participates in that plan (otherwise this plan will provide the minimum accrual)

- e. Defined Benefit Plan, with 2% minimum accrual
- f. Provide full top-heavy minimums in each Plan

Note: IRC §401(a)(4) design based safe harbor uniformity will be maintained if either (1) d. or e. selected AND the DC and DB Plans benefit the same participants, or (2) f. selected.

VESTING

40. Vesting shall be:

- a. 100% upon entering Plan (satisfies top-heavy) (skip to 45) (must be selected if 26a, 34b2d or 34b2e)
- b. subject to the following vesting schedule: (may not be selected with 26a, 34b2d or 34b2e) (cash balance plans skip to 44 if 1e selected (see Q137))
 - 1. 4-year graded (25% per year--satisfies top-heavy)
 - 2. 5-year graded (20% per year--satisfies top-heavy)
 - 3. 3-year cliff (satisfies top-heavy)
 - 4. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
 - 5. 7-year graded (3 years 20% then 20% per year)
 - 6. 5-year cliff
 - 7. Other (must be as liberal as 5. or 6. at each point in time without switching schedules)

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

Vesting Waiver. Shall employees employed on a certain date be 100% vested and thereafter the vesting schedule(s) apply?

- c. No or N/A – Vesting schedule(s) apply to all participants
- d. Yes, for any Eligible Employee who was employed on _____ (enter a date),
100% vesting shall apply

Skip to 43.

43. Vesting, if Plan Becomes Top-Heavy, shall be:

- a. N/A (Top-Heavy vesting always satisfied) (may not be selected with 40b5 or 40b6) (must be selected if 39a)
- b. 100%
- c. 3-year cliff
- d. 6-year graded (may not select with 1e AND 10a or 11c)
- e. 25% per year (may not select with 1e AND 10a or 11c)
- f. 20% per year (may not select with 1e AND 10a or 11c)

44. Excluded Vesting service (skip if full vesting (40a))

- a. No exclusions
- b. Yes, exclude the following service: (select all that apply)
 - 1. Service prior to Effective Date of the Plan or a predecessor plan
 - 2. Service prior to 18th birthday

45. If Restated Plan, did prior vesting differ from new vesting? (skip if new Plan (10a))

- a. Vesting schedule has not been amended
- b. New schedule is more liberal in all years
 - 1. Plan has existing forfeitures
- c. Yes, and prior vesting was more liberal as follows: (may not be selected with 40a)

Service	Percent	Service	Percent
1. _____	a. _____%	5. _____	a. _____%
2. _____	a. _____%	6. _____	a. _____%
3. _____	a. _____%	7. _____	a. _____%
4. _____	a. _____%		

Skip to 47.

COMPENSATION

47. Compensation means:

- a. N/A (51d will be selected) (skip to 51)
- b. W-2 Wages subject to income tax
- c. IRC §3401(a) wages
- d. 415 Safe Harbor Compensation

AND, Compensation will be based on the following determination period:

- e. The Plan Year
- f. The Fiscal Year coinciding with or ending within the Plan Year
- g. The calendar year coinciding with or ending within the Plan Year

48. Compensation Adjustments

The following adjustments are made to compensation: (select all that apply)

- a. None of the following adjustments apply
- b. Include Salary Deferrals (401(k), 125, 132(f), 403(b), SEP, 414(h) pickup and 457)
- c. Exclude all items listed in Reg. 1.414(s)-1(c)(3)
- d. Exclude compensation in excess of \$ _____
- e. Exclude Overtime
- f. Exclude All Bonuses
- g. Exclude Discretionary Bonuses
- h. Exclude Commissions
- i. Include deemed IRC §125 compensation
- j. Other _____

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).

Note: The exclusion of overtime, bonuses, commissions, or "other" compensation will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).

49. Compensation under 415 Regulations. The provision of the final 415 Regulations will apply to limitation years beginning on or after July 1, 2007.

- a. ALL the default provisions of the 415 amendment apply (no election was (or is being) made) (see commentary for description) (skip to 50)
- b. 415 Compensation (select all that apply)
 - 1. Exclude leave cashouts
 - 2. Exclude deferred compensation
 - 3. Include military continuation payments through December 31, 2008 (prior to the changes made by HEART, see 166)

4. Include disability continuation payments:
- For Nonhighly Compensated Employees only
 - For all participants and the salary continuation will continue for the following fixed or determinable period: _____
5. The last paycheck ("administrative delay") rule will be applied (amounts paid in the first few weeks of a limitation year due to administrative delay relate back to the prior limitation year for all participants for all years).
- c. **Plan Compensation** (select one)
- Exclude all post-severance compensation (may violate the nondiscrimination requirements)
 - Tailor the definition of plan compensation as follows (must select at least one of a. through f.):
 - Exclude post-severance regular pay (may violate the nondiscrimination requirements)
 - Exclude leave cashouts
 - Exclude deferred compensation
 - Include military continuation payments through December 31, 2008 (prior to the changes made by HEART, see 166)
 - Include disability continuation payments: (select one)
 - For Nonhighly Compensated Employees only
 - For all participants and the salary continuation will continue for the following fixed or determinable period: _____
 - Other _____ (describe)
NOTE: Describe adjustments to post-severance Compensation from the elections available above or a combination thereof as to a Participant group (e.g., no adjustments as to Division A Employees and exclude post-severance leave cash-outs as to Division B Employees); and/or describe another adjustment (e.g., exclude post-severance shift differential pay). (The exclusion of any post-severance regular pay may violate the nondiscrimination requirements.)
- d. **Special effective date(s)** (skip unless 12b selected)
Effective Date for 415 Compensation
- The post-severance 415 Compensation provisions shall apply earlier than the first day of the limitation year beginning on or after July 1, 2007. Specify the date _____ (must be earlier than the first Limitation Year beginning on or after 7/1/07)
Effective Date for Plan Compensation
 - The post-severance Compensation provisions shall apply earlier than the first day of the plan year beginning on or after July 1, 2007. Specify the date _____ (must be earlier than the first Plan Year beginning on or after 7/1/07)
- e. **PROPOSED 415 Regulations.** Did the Employer (optionally) apply the proposed 415 regulations (exclude all post-severance Compensation)? (may not select with 10a, 11b or 12a)
- No or N/A
 - Yes, for limitation years beginning in and after _____
50. **Transitional Compensation Provisions.** Should annual compensation be increased to \$200,000 for plan years beginning after December 31, 2001? (skip if 12b not selected and skip if 47a)
- No or N/A if the plan doesn't determine benefit accruals in plan years beginning after December 31, 2001 on compensation (skip to 51)
 - Yes, use EGTRRA limit of \$200,000 (as indexed)

- If Yes**, in determining benefit accruals in plan years beginning after December 31, 2001, annual compensation for determination periods before January 1, 2002 shall be...
- N/A
 - \$200,000
 - \$150,000 for any determination period beginning in 1996 or earlier; \$160,000 for any determination period beginning in 1997, 1998 or 1999; and \$170,000 for any determination period beginning in 2000 or 2001

AND should deemed IRC §125 compensation be included retroactively?

- No or N/A
- Yes, and if effective after 1/1/98, indicate effective date below.
 - effective _____
(insert the first day of the first Plan Year the Plan was operated in accordance with Rev. Rul. 2002-27) (must be later than January 1, 1998)

Note: This is referring to the amendment adopted by some plans to include deemed 125 compensation as part of compensation (as described by Rev. Rul. 2002-27).

BENEFITS (skip to 61 if 1e (Cash Balance Plan))

NOTE: The benefit formula must provide meaningful benefits within the meaning of IRC §401(a)(26).

51. Basic Type of Benefit Formula

Is Plan intended to be a safe harbor plan--Reg. 1.401(a)(4)-3(b)

- No (may not be selected with 1c1 and 11a)
- Yes (must be elected if 412(i) volume submitter plan) (may not be selected with 1e or 21b) (selection of this item does not guarantee that the plan will be a safe harbor plan)

Is the Normal Benefit Formula based upon:

- Average monthly compensation (AMC) (may not be selected with 47a)
- Flat dollar amount
- Compensation earned during each year of credited service (an "accumulation" plan) (may not select 52b, 53b or 53c) (may not be selected with 47a)

52. Is Plan Integrated?

- No
- Yes (may not be selected with 47a, 51d or 51e)
 - Excess formula (answer 55, then skip to 57)
 - Offset formula (skip to 56)

Note: If the Employer maintains two or more Plans providing or imputing permitted disparity, provide language that complies with the overall permitted disparity limits. (Reg. 1.401(l)-5)

Note: The Safe Harbor Notes following each checklist question are designed for a Unit Credit Plan using the 133 1/3 accrual method (Reg. 1.401(a)(4)-3(b)(3)), a Unit Credit or Flat Benefit Plan using the fractional accrual method (Reg. 1.401(a)(4)-3(b)(4)(i)(c)(2)) and an Insurance Contract Plan (Reg. 1.401(a)(4)-3(b)(5)). The Safe Harbor Notes should be disregarded if the Plan is complying with one of the Safe Harbors contained in Reg. 1.401(a)(4)-3(b)(4)(i)(C)(1) or (3).

53. Non-Integrated Benefit Formulas:

- A percentage of AMC (may not be selected with 51d)
- A percentage of AMC times credited service (may not be selected with 51d or 51e)
- A dollar amount per month times credited service (may not be selected with 51c or 51e)

Note: If 53a AND 51b are selected, then 62c with a reduction of 25 or more years of credited service must be selected.

Note: If 53b or c. AND 51b are selected with 66a, 66b or 1c1, then 63b with a limit of 25 or more years of credited service must be selected.

UNIFORMITY (select one)

- d. The above formula is uniform for all participants (must be selected if **51b** selected) (skip to **59**)
1. Enter the formula percentage of compensation (if **51e**, **53a** or **53b** selected) or dollar amount (if **53c** selected) without the percentage symbol or dollar sign: _____
- e. The benefit level is determined for each CLEARLY DEFINED Group defined below in the amount described below. Enter the percentage or dollar amount without the percentage symbol or dollar sign. Each participant shall be included in only one group.

Note: The design of the groups cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under IRC §410(b).

54. Benefit Formula: Enter the formula percentage of AMC or dollar amount, as applicable for each group: (applies only if **53e**)

- a. Group 1: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- b. Group 2: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- c. Group 3: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- d. Group 4: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- e. Group 5: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- f. Group 6: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- g. Group 7: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- h. Group 8: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- i. Group 9: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- j. Group 10: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- k. Group 11: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- l. Group 12: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- m. Group 13: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- n. Group 14: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- o. Group 15: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)
- p. Group 16: _____
1. _____% (applies only if **53a** or **53b**)
2. \$ _____ (applies only if **53c**)

55. EXCESS Benefit Formulas: (skip if **52a**)

- a. _____% of AMC, **plus**
1. _____% (not in excess of the lesser of **a.** or 26.25%) of AMC in excess of integration level (skip to **57**)
- b. _____% of AMC times credited service, (may not be selected with **51e**) **plus**
1. _____% (not in excess of the lesser of **b.** or .75%) of AMC in excess of integration level times credited service, **plus...**

If 55b selected and 66d will be selected, for credited service in excess of **63b** years...

- c. N/A
- d. No additional benefits (may not be selected with **1c1**)
- e. _____% of AMC times credited service in excess of **63b** years (may not be selected with **1c1**)

OR, if **55b** selected **AND 66a, 66b** or **66e** will be selected, for credited service in excess of **63b** years...

- f. N/A
- g. No additional benefits but **ONLY** if **63b** is exactly 35 years **OR 51a** selected
- h. If **63b** equals exactly 35 years, _____% (not greater than **b.** plus **b1**) of AMC times credited service in excess of 35 years
- i. If **63b** is less than 35 years and more than 24 years _____% (must equal exactly **b.** plus **1.**) of AMC times credited service up to 35 years **plus...**
1. No additional benefits
2. _____% (must equal exactly **b.** plus **b1**) of AMC times credited service in excess of 35 years

Note: If **55a** **AND 51b** are selected, then **62c** with a 35 year reduction must be selected.

Note: If **55b** **AND 51b** are selected **AND 66a, 66b** or **66e** will be selected, then **63b** with a 25 to 35 year limit **must** be selected.

Note: If **61b** or **c.** is selected and/or the integration level selected in **57d, e.** or **f.** exceeds covered compensation, then 26.25% or .75% must be reduced.

Note: The percentage in **a.** or **b.** should reflect an increase and the excess percentage in **a1** or **b1** should reflect a reduction for NRA less than SSRA or select **62b**, if applicable.

Note: If **1c1** **AND 51b** are selected, 26.25% or .75% must be reduced by multiplying the factor by 0.80. Reg. 1.401(a)(4)-3(b)(5)(viii).

56. OFFSET Benefit Formulas: (skip if **52a**)

- a. Percent of AMC only _____% of AMC, **offset by** (select one)
1. _____% of PIA (skip to **57**)
2. _____% (not in excess of the lesser of 1/2 of **a.** or 26.25%) of FAC not in excess of integration level (skip to **57**)
3. Lesser of _____% of PIA **or a.** _____% (not in excess of the lesser of 1/2 of **a.** or 26.25%) of FAC not in excess of integration level (skip to **57**)
- b. Percent of AMC times credited service (may not be selected with **51e**) _____% of AMC times credited service, **offset by** (select one)
1. _____% of PIA
2. _____% (not in excess of the lesser of 1/2 of **b.** or .75%) of FAC times credited service, **plus**
3. Lesser of _____% of PIA **or a.** _____% (not in excess of the lesser of 1/2 of **b.** or .75%) of FAC times credited service, **plus...**

If 66d will be selected, for credited service in excess of **63b** years...

- c. N/A
- d. No additional benefits (may not be selected with **1c1**)
- e. _____% of AMC times credited service in excess of **63b** years (may not be selected with **1c1**)

OR, if 66a, b or e. will be selected, for credited service in excess of 63b years...

- f. N/A
- g. No additional benefits but ONLY if 63b is exactly 35 years OR 51a selected
- h. If 63b equals exactly 35 years, _____% (not greater than b.) of AMC times credited service in excess of 35 years
- i. If 63b is less than 35 years and more than 24 years, _____% (must equal exactly b.) of AMC times credited service up to 35 years, plus...
1. No additional benefits
 2. _____% (not greater than b.) of AMC times credited service in excess of 35 years

Note: If 56a AND 51b are selected, then 62c with a 35 year reduction must be selected.

Note: If 56b AND 51b are selected AND 66a, 66b or 66e will be selected, then 63b with a 25 to 35 year limit must be selected.

Note: If 61b or c. is selected and/or the integration level selected in 57d, 57e or 57f exceeds covered compensation, then 26.25% or .75% must be reduced.

Note: The percentage in a2, a3a, b2 or b3a should reflect a reduction for NRA less than SSRA or select 62b, if applicable.

Note: If 1c1 AND 51b are selected, then 26.25% or .75% must be reduced by multiplying the factor by 0.80. Reg. 1.401(a)(4)-3(b)(5)(viii).

Note: Final Average Compensation (FAC) is limited to Average Monthly Compensation, therefore, no reduction to the offset percentage is necessary.

57. Integration Level means: (skip if 52a, 56a1 or 56b1)

- a. Covered compensation
- b. One-half (1/2) of covered compensation
- c. \$_____ (enter an annual dollar amount that is not in excess of one-half (1/2) of covered compensation)
- d. \$_____ (enter an annual dollar amount that is greater than one-half (1/2) of covered compensation, but not in excess of TWB)
- e. _____% (greater than 100%) of covered compensation (plan will limit to no more than the taxable wage base)
- f. Taxable Wage Base
- g. Frozen covered compensation table

And, if g. selected, APPLICABLE YEAR

- a. 2006
- b. 2007
- c. 2008
- d. 2009
- e. 2010
- f. 2011
- g. 2012
- h. 2013
- i. 2014
- j. 2015
- k. 2016
- l. 2017
- m. 2018
- n. 2019
- o. 2020

Skip to 59.

59. Average Monthly Compensation (AMC) is based upon (skip to 60 if 51d or 51e):

- a. Period of participation
- b. Period of employment (i.e., including years prior to the effective date of the plan)

AND shall be averaged over

- c. Highest _____ consecutive years within last ten
- d. Highest _____ consecutive years
- e. All years (Career Average)
- f. Highest _____ years within last ten, excluding the five years preceding NRD (may not be selected with 51b)
- g. Final _____ years

Note: Option 59f is not a safe harbor definition.

Note: Minimum number of years must be at least three.

60. Credited service shall be:

- a. N/A (may not be selected with 1c1, 51e, 53b, 53c, 55b or 56b) (skip to 61)
- b. Total years of service (may not be selected with 1c1 or 51e) (may not select 66e)
- c. Plan years of service (participation) (must be selected if 412(i) plan or an accumulation plan)

AND, if the Plan existed on 09/19/91, and option c. above and 1c1 are selected together, should the Plan count service prior to an Employee's date of participation? (skip to 61 if 10a)

- d. N/A
- e. No
- f. Yes

Note: Safe Harbor Plans must use the same years of credited service for both the Benefit Formula and the Accrual Method. Reg. 1.401(a)(4)-3(b)(2)(v). If option 57b or c. is selected, years of credited service in the Accrual Method will be limited. For Safe Harbor Plans, a similar limitation must be placed on years of credited service in the Benefit Formula.

Note: If 1c1 AND 51b selected, see Reg. 1.401(a)(4)-3(b)(5)(iii). Must select option c.

61. Form of Normal Retirement Benefit (NRB) shall be (answer a., b. or c. AND d., e., f. or g.)

- a. Life annuity
- b. Annuity for life and _____ months certain
- c. Depends on marital status: (may not be selected with 1c1)
 1. For married participants:
 - a. joint and 50% survivor annuity
 - b. joint and 100% survivor annuity
 2. For unmarried participants:
 - a. annuity for life
 - b. annuity for life and _____ months certain

Note: Selecting 61c may result in a violation of the IRC §415 limitations.

Calculated to the nearest... (skip if 1e or 51d)

- d. dollar
- e. ten (10) dollars
- f. _____ () dollars (e.g., one hundred (100))
- g. cent

62. Benefit Reductions (skip if 1e, 51e or 53c)

- a. No Reductions (skip to 63) (may not be selected with 51b AND 53a, 55a or 56a)

OR

- b. For NRA prior to Social Security Retirement Age, reduce excess percentage or offset percentage by 1/15, 1/30, and if 55a or 55b selected, increase 55a or 55b percentage by the amount of the reduction (may be selected with c., d., e. OR f. below), and must select 64a. (may not select with 10a)
- c. Reduce entire benefit by _____ (e.g., one-thirty fifth) for each year of credited service less than (may only be selected with 53a, 55a or 56a) (may not be selected with 60a)
 1. _____ (e.g., thirty-five (35))

- d. Reduce nonexcess portion by _____ (e.g., one-fortieth) for each year of credited service less than 1. _____ (e.g., forty (40)) AND the excess portion by 2. _____ (e.g., one-thirty fifth) for each year of credited service less than 3. _____ (e.g., thirty-five (35))
- e. Reduce excess portion by _____ (e.g., one-thirty fifth) for each year of credited service less than 1. _____ (e.g., thirty-five (35))
- f. Before offset, reduce basic benefit by _____ (e.g., one-thirty fifth) for each year of credited service less than 1. _____ (e.g., thirty-five (35))

Note: Options d. - e. may only be selected with 55a.
Note: Option f. may only be selected with 56a.

63. Limitations

Note: Do not select b. with c. or d.

- a. No Limitations (skip to 64)
- OR**
- b. Entire benefit limited to _____ years of credited service (except as otherwise specified at 55e, 55h, 55i2, 56e, 56h, 56i2 or 60a) (may not be selected with 1e, 51e, 53a, 55a or 56a)
 - c. Non-integrated benefit limited to _____ years of credited service (may not be selected with 1e, 51e, 53a, 55a, 56a, or 60a)
 - d. Excess benefit or offset limited to _____ years of credited service (may not be selected with 1e, 51e, 53a, 55a, 56a or 60a)
 - e. Credited service prior to _____ shall not be recognized (may not be selected with 51e or 60a)
 - f. Provide a minimum benefit of \$ _____ per month
 - g. Provide a maximum benefit of \$ _____ per month
 - h. Provide a maximum benefit of _____ % of AMC (may not be selected with 1e, 47a or 51e)
 - i. \$ _____ is the minimum increase or decrease in monthly pension to be taken into consideration (may not be selected with 1e, 47a or 51e)
 - j. Benefit increases due to compensation changes to be recognized each anniversary date, and decreases to be recognized two years after each such decrease (may not be selected with 1e, 47a or 51e)
 - k. Reduce benefit by pension paid from any other employer sponsored D/B Plan (cannot be selected with 51b)

64. Should benefit increases resulting from the increase in the limitations of 415(b) under EGTRRA be allowed...

- a. No--retain the pre-EGTRRA 415(b) limits (as adjusted prior to EGTRRA) (skip to 65) (must be selected with 62b) (may not select with 10a)
WARNING: Selecting this option may present qualification issues, see Revenue Ruling 2001-51.
- b. Yes, use EGTRRA 415 limits

If Yes, then benefit increases shall apply to (select one)...

- c. All current and former participants (with benefits limited by 415(b)) who have an accrued benefit under the plan immediately prior to the "limitation year" ending after December 31, 2001 (other than an accrued benefit resulting from a benefit increase solely as a result of the increase in limitations under 415(b)) (may not select with 10a)
- d. All employees participating in the plan who have an hour of service after the first day of the "limitation year" after December 31, 2001

...AND, in addition to this plan, does the employer maintain a multi-employer plan (as defined in IRC §414(f))?

- e. No
- f. Yes

65. Are there COLA increases for distributions in pay status?

- a. No
- b. Yes, by _____ % annually, as limited below:
 - 1. No limitation
 - 2. With a cumulative adjustment no greater than the CPI
 - 3. With a cumulative adjustment no greater than the SS benefits

BENEFIT ACCRUAL

66. Accrual Method

- a. Fractional--based upon Plan Years of Service (may not be selected if 1c1, 1e, 51e, 55d, 55e, 56d, or 56e) (also may not be selected if 51b and 60b)
- b. Fractional--based upon Total Years of Service (may not be selected if 1c1, 1e, 51e, 55d, 55e, 56d, or 56e) (also may not be selected if 51b and 60c)
- c. Three percent for each year of participation (may not be selected if 1c1, 1e, 51e, 52b, 55d, 55e, 55g, 55h, 55i, 56d, 56e, 56g, 56h or 56i)
- d. 133 1/3 Percent Method (unit credit) (must be selected if 1e) (may not be selected with 1c1, 55g, 55h, 55i, 56g, 56h or 56i)
- e. Fully Insured Plan subject to IRC §412(i) (skip to 70) (must be selected if 1c1 selected) (may not be selected with 1e, 55d, 55e, 56d, 56e or 60b)

Note: If 66e AND 52b are selected, then .75% must be reduced by multiplying .75% by 0.80. Reg. 1.401(a)(4)-3(b)(5)(viii).

Note: Option c. may not be selected in a plan providing permitted disparity (52b) or with 70c or 70d (certain Fresh-Start Rules).

Note: Options a., b. and e. may not be selected with 70c (Fresh-Start formula without wearaway).

AND, should the IRC §410(b)(1)(B) ratio percentage fail-safe provisions be included?

- f. No
- g. Yes (If selected, then the Plan must satisfy the ratio percentage test of IRC §410(b)(1)(B).)

67. ...AND limit past service to... (automatic skip to 68 if new plan (10a) AND 66a or if 51e or 66c selected)

- a. No limitation
- b. Limit: _____ years past service (Safe Harbor is 5 years or less)
- c. Amended Plan and _____ years past service prior to effective date of restatement (Safe Harbor is 5 years or less) (may not select with 10a)...

If c. selected, past service applies to...

- 1. only increases in Accrued Benefits
- 2. all Accrued Benefits

Note: Review Reg. 1.401(a)(4)-5(a)(3) for five years Safe Harbor for certain grants of benefits for past periods.

68. Floor-Offset. Is this plan part of a floor-offset arrangement?

- a. No
- b. Yes, floor-offset arrangement with: _____ (Name of offset-plan) (see Reg. 1.401(a)(4)-8(d)) (may not be selected with 21b1)

69. Accrual Commencement. Are two years of service required before benefit accruals commence? (skip to 70 if 34b2e (two years of service for eligibility or 51e selected (accumulation plan))

- a. No
- b. Yes

70. Accrued Benefit (AB) Fresh-Start Rule(skip to **72** if new plan (**10a**) or cash balance conversion (**1e2**) selected)**Select a.** if Plan has never used a Fresh-Start Rule after 1988 OR the Fresh-Start Rule used after 1988 is no longer operational;**OR, select b., c., or d. to** (1) indicate the Fresh-Start Rule to be applied with this amendment, or (2) if no Fresh-Start Rule is applied with this amendment AND a Fresh-Start Rule applied after 1988 is still operational, to indicate the last Fresh-Start Rule

- a. N/A (skip to **72**)
- b. Frozen AB before Fresh-Start Date, or AB after Fresh-Start Date based on current benefit formula and credited service before and after Fresh-Start Date, whichever is greater - Reg. 1.401(a)(4)-13(c)(4)(ii)
- c. Frozen AB before Fresh-Start Date plus AB after Fresh-Start Date based on current benefit formula and credited service after Fresh-Start Date - Reg. 1.401(a)(4)-13(c)(4)(i) (may not be selected with **66a**, **66b**, **66c** or **66e**)
- d. Greater of **c.** above, or AB after Fresh-Start Date based on current benefit formula and credited service before and after Fresh-Start Date, whichever is greater - Reg. 1.401(a)(4)-13(c)(4)(iii) (may not be selected with **66c**)

...AND, is there a "Section 401(a)(17) Employee" in the Plan - Reg. 1.401(a)(17)-1(e)(2)(i)?

- e. No (automatically selected for new or amended plans after 12/31/93)
- f. Yes

Note: If **66a**, **66b** or **66e** is selected, then **c.** may not be selected.**Note:** If **66c** is selected, then **c.** and **d.** may not be selected.**71. Frozen Accrued Benefit** adjusted for compensation increases

- a. N/A - Fresh-Start Date benefit formula not based on compensation
- b. No
- c. Yes, with adjustment based on...
1. Old compensation fraction Reg. 1.401(a)(4)-13(d)(8)(i)
 2. New compensation fraction Reg. 1.401(a)(4)-13(d)(8)(i)
 3. Reconstructed compensation for the Plan Year beginning in calendar year _____ (insert 1989, 1990, 1991, 1992, 1993 or 1994) Reg. 1.401(a)(4)-13(d)(8)(ii)

Note: Option **c3** can only be selected if the latest Fresh-Start Date is prior to the day after the end of the 1994 plan year.**72. Post-Severance adjustments to 415 limits:** (skip to **75** if **64a**)

Should the defined benefit compensation limitation applicable to a Participant who has severed employment be automatically adjusted under IRC §415(d)?

- a. Yes (this was the default under the Relius 415 amendment)
- b. No

Should the defined benefit dollar limitation applicable to a Participant who has severed employment be automatically adjusted under IRC §415(d)?

- c. Yes
- d. No (this was the default under the Relius 415 amendment)

Skip to 75.**ACTUARIAL EQUIVALENT****75. Actuarial Equivalent means** amounts of equal value when computed using... (required for all plans, including fully-insured plans)

- a. Plan Mortality and Interest assumptions: (if Pre-Retirement Table or Post-Retirement Table are N/A, enter "none" at **a1** and **a2**)
1. Pre-Retirement Table: _____
 2. Post-Retirement Table: _____
 3. Pre-Retirement Interest: _____
 4. Post-Retirement Interest: _____
- b. The "Applicable" Mortality Table and Interest Rate (i.e., the assumptions used by law for valuing amounts other than nondecreasing annuities)

AND, actuarial assumptions used to determine top-status... (skip if **39a**)

- c. Same as above
- d. Other _____

Note: If **75a3** or **75a4** selected for integrated plan, interest rate, if not between 7.5% and 8.5% (inclusive) must be reasonable (1.401(l)-3(b)(4)(iii)(C)), and mortality must be based on a standard mortality table as described in 1.401(a)(4)-12.**Skip to 77.****77. The time for determining the applicable interest rate** shall be based on a "look-back month" and "stability period" of...**"Look-back month"** preceding the first day of the "stability period"...

- a. first month
- b. second month
- c. third month
- d. fourth month
- e. fifth month
- f. average rate for two months...
1. 1st and 2nd months
 2. 2nd and 3rd months
 3. 3rd and 4th months
 4. 4th and 5th months
- g. average rate for three or more months...
1. 1st, 2nd and 3rd months
 2. 1st, 2nd, 3rd and 4th months
 3. 1st, 2nd, 3rd, 4th and 5th months
 4. 2nd, 3rd and 4th months
 5. 2nd, 3rd, 4th and 5th months
 6. 3rd, 4th and 5th months

"Stability period" in which the applicable interest rate remains constant...

- h. one calendar month
- i. one plan quarter
- j. one calendar quarter
- k. one plan year
- l. one calendar year

Skip to 84.**MISCELLANEOUS****84. ACP Testing.** Method for determining NHCP's actual contribution ratio. Indicate whether the current OR prior year testing method is used to calculate the ACP (skip to **85** unless **21d1** selected)

- a. Current year
- b. Prior year

However, regardless of the above, for the first year if a new plan or for the first year as a 401(m) Plan:

- c. use the following method to determine NHCP's actual contribution ratio
1. 3% for prior year (a prior-year test election)
 2. current year for the first Plan Year
- d. N/A (this is an existing 401(m) Plan)

85. Highly Compensated Employee. Use the top-paid group and/or calendar year data election?

- a. No
- b. Yes, select one or more of the options below
1. Top-paid group election: HCE only includes the top 20% of employees ranked by compensation
 2. Make the calendar year the "look-back year" when the Plan Year is NOT a calendar year

86. Will the Plan accept Rollovers?

- a. No (skip to **87**)
- b. Yes, by all currently employed Participants

AND, the Plan will also accept rollovers from the following (select all that apply):

- 1. Participants who are not currently employed
- 2. Eligible Employees expected to enter the Plan

AND, may distributions of rollovers be made at any time?

- c. No
- d. Yes

AND, should rollover contributions be excluded from determining the value of the Participant's nonforfeitable accrued benefit for purposes of any \$5,000 threshold for all purposes other than mandatory distributions (103)?

- e. No or N/A
- f. Yes, exclude rollover contributions

Effective Date. Unless a date is entered below, the effective date is the Effective Date of this Plan or, if this is a restatement, the effective date of the restatement. (enter a date below or leave blank if default date applies)

- 1. distributions made on and after _____ (enter a date no earlier than January 1, 2002)
- 2. to participants who separate from service on and after _____ (the date may be earlier than January 1, 2002)

87. Were deductible QVECs permitted prior to 1/1/87?

- a. No OR N/A (new Plan effective after 12/31/86)
- b. Yes (may not be elected with 10a)

Skip to 89.

89. May Participant loans be made?

- a. No
- b. Yes (may not select with 66e)

90. Will the Plan permit directed investments?

- a. No
- b. Yes (may only be selected if 21b1, 21d1, 86b or 87b selected)

Skip to 92.

92. Excess assets upon Plan termination shall be:

- a. Reallocated to Participants
- b. Returned to Employer
- c. Returned to Employer but only effective 5 years after adoption

RETIREMENT AND DISABILITY

93. Normal Retirement Age (NRA)

- a. _____ birthday (not less than 55, and not to exceed 65th)
- OR, if later the (select one of b. - e. (and f. if applicable))
- b. N/A
- c. _____ anniversary (not to exceed 5th) of joining Plan
- d. _____ anniversary (not to exceed 5th) of joining Plan, but in no event later than his 1. _____ birthday (may not be selected with 51b)
- e. _____ anniversary (not to exceed 5th) of joining Plan, but in no event later than his 1. _____ birthday or the 2. _____ anniversary of joining the Plan, if later (may not be selected with 51b)

Note: Options d. and e. do not provide a uniform normal retirement benefit, and cannot be used as part of a design-based safe harbor.

f. Prior to May 22, 2007, NRA was (or could have been) younger than that indicated above. The above definition first applies: (may not be selected with 10a, 11c or 12a) (select one)

- 1. May 22, 2007
- 2. Other: _____ (specify a date not earlier than May 22, 2007, and not later than the first day of the first plan year beginning after June 30, 2008)

Note: The normal retirement age must not be earlier than the earliest retirement age that is reasonably representative of the typical retirement age for the industry in which the participants work, but in no event earlier than age 55. Age 62 or older automatically meets this requirement.

94. Normal Retirement Date (NRD)

- a. First day of the month on or next following NRA
- b. First day of the month nearest NRA
- c. Anniversary Date on or next following NRA (may not be selected with 51b)
- d. Anniversary Date nearest NRA
- e. Participant's NRA

Note: Option c. does not provide a uniform normal retirement age within the meaning of Reg. 1.401(a)(4)-3(b)(2)(i). See section (4) of the definition of "uniform normal retirement age" at Reg. 1.401(a)(4)-12.

95. Early Retirement Date

- a. None provided (skip to 96)
- b. First day of the month coinciding with or next following...
- c. Anniversary Date coinciding with or next following...

the date on which a Participant reaches

- d. age _____

AND, completion of (leave blank if not applicable)

- 1. _____ Years of Service

A Year of Service (or Period) means a Year of Service (or Period) for:

- a. vesting (may not be selected with 26a)
- b. eligibility (may not be selected with 25a)

AND, Early Retirement Benefit is equal to Accrued Benefit...

- e. Reduced by 1/15 1st five years, 1/30 next five years
- f. Actuarial Equivalent of Accrued Benefit
- g. Reduced by 1/2 of 1% for each month early retirement precedes NRD (may not be selected with 51b and 52b)
- h. Unadjusted Accrued Benefit (no reduction)

Note: If 51b selected, then option g. will not provide permitted disparity.

96. Disability of Participants to be determined

- a. No disability benefits provided (skip to 97)
- b. By a physician
- c. Under the Social Security Act

...and Disability Retirement Benefit is equal to:

- d. Value of total prior contributions under typical individual level premium cost method
- e. Early Retirement Benefit without regard to age and service requirements (may not select with 95a)
- f. 100% of Actuarial Equivalent of Accrued Benefit

97. Late Retirement Benefit shall be...

- a. Greater of accrued benefit or actuarial equivalent of prior year's benefit
- b. Paid as though the participant had actually retired plus additional accrued benefits (i.e., in-service benefit distributions will commence at NRA)
- c. At Participant's election, a. or b. above

98. Suspension of benefits shall be...

- a. N/A (suspension rules do not apply)
- b. For new Plans or for existing Plans restating an identical suspension of benefits provision, the suspension of benefit rules apply to:
1. all participants
 2. only those participants whose benefits, if actuarially increased, would exceed the limitations of IRC §415
- c. Plans where a suspension of benefits option is being added or expanded, the suspension of benefit rules apply to (may not be selected with **10a**):
1. employees who commence participation in the Plan on or after the later of the adoption date or the effective date of the suspension of benefit rules
 2. benefits that accrue after the later of the adoption date or effective date of the suspension of benefits rules

Skip to 101.**DISTRIBUTIONS****101. Distributions may be made in:**

- a. Cash only (except for insurance or annuity contracts or loans)
- b. Cash or property (may not be selected with **66e**)

102. Termination distribution

- a. Only upon death, disability or retirement
- b. As soon as feasible after termination of employment
- c. Only after Participant incurs 1-year break-in-service
- d. _____ months after termination of employment
- e. On or after the Anniversary Date following termination of employment

103. Participant consent (mandatory distribution provisions)

Note: Plan provides that distributions of amounts of \$5,000 or less do not require spousal consent and are only paid as lump-sums.

Note: If this is an EGTRRA restatement and there are special effective dates for the participant consent provisions, select **a.** or **b.** based on the provisions that are CURRENTLY effective (the SPD and forms will only reflect these provisions) and complete **c.** or **d.** below to reflect provisions for prior years.

Does the Plan provide for mandatory distributions (i.e., involuntary distributions)?

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

Note: If **2.** or **3.** selected, rollovers will be included in determining the threshold for Participant consent regardless of elections made at **86e - f.**

AND, for an EGTRRA restatement (**12b**), the following apply (skip if **12b** NOT selected)

- c. Provisions above at **a.** or **b.** apply to distributions made on or after March 28, 2005:
- d. Provisions above at **a.** or **b.** apply to distributions made on or after

_____ (enter a date later than March 28, 2005). The following applies to distributions prior to such date but after March 28, 2005:

1. No mandatory distributions
2. Participant consent needed if distribution is over:
 - a. \$5,000
 - b. \$1,000
 - c. \$ _____ (less than \$1,000)

104. Minimum distributions upon the death of the Participant prior to receiving any benefits shall:

- a. begin within 1 year of death, with spousal exception*
- b. be made within 5 years of death for all beneficiaries
- c. be made within 5 years for nonspouse, with spousal exception*
- d. be made pursuant to election of Participant or beneficiary
- e. N/A (**113a** will be selected)

*spousal exception permits delay in the start of death benefit payments until participant would have attained 70 1/2.

AND, any designated beneficiary who is receiving distributions under the "5-Year Rule" will not be permitted to change to the "Life Expectancy Rule," unless option **f.** is selected below (which (1) the election must have been made by December 31, 2003, and (2) **f.** may only be selected with **d.** and **12b**): (select **f.** or leave blank if defaults apply)

- f. A designated beneficiary who is receiving payments under the 5-Year Rule may make a new election to receive payments under the Life Expectancy Rule until December 31, 2003.

AND, for minimum distributions prior to death, the Plan will permit changes to a period-certain annuity period once annuity payments have commenced unless elected below.

- g. A Participant may not elect a change in the period-certain

105. If no valid designation of beneficiary exists, any death benefit (in excess of the minimum spouse's death benefit) will be paid to

- a. the Participant's estate
- b. the Participant's spouse

AND, shall divorce revoke any designation of beneficiary to the spouse (at the time the designation was made)?

- c. No
- d. Yes

106. Minimum distributions shall be the later of age 70 1/2 or retirement (except for 5% owners)...

- a. Yes--Plan initially effective after 12/31/96
- b. Yes--Plan existed prior to 1/1/97 AND the plan permits participants employed past their Normal Retirement Date to elect to receive payment of their benefits immediately (**97b** or **97c**) (may not be selected with **10a**)
- c. No--Plan existed prior to 1/1/97 (keep pre-1997 distribution rules) BUT also add the following SBJPA rules specified below. (may not be selected with **10a**)

SBJPA rules. If **c.** selected, select **d.** OR **e.** and/or **f.** OR both **e.** and **f.**

- d. None--keeping pre-1997 distribution rules
- e. For participants (other than 5% owners) add the option to defer commencement of benefits if still employed after attaining age 70 1/2. (select one)
1. Upon payment recommencement, the original annuity starting date is retained. No spousal consent is required to stop and recommence payments.
 2. Upon payment recommencement, provide for a new annuity starting date. Spousal consent is required if minimum distributions were being paid as a QJSA.
- f. Provide for the elimination of pre-retirement distributions to participants (other than 5% owners) who reach age 70 1/2 after calendar year 1998

107. AND, if EGTRRA restatement,

AND, if this is an EGTRRA restatement (**12b**) of a Plan that was effective prior to January 1, 2006, Regulations under IRC §401(a)(9) that were finalized on June 15, 2004 are effective for calendar years beginning on or after January 1, 2006, unless an earlier effective date is selected below:

- a. January 1, 2003
- b. January 1, 2004
- c. January 1, 2005
- d. N/A. Default date applies

AND, if this is an EGTRRA restatement (12b) of a Plan that was effective prior to January 1, 2006, the 1987 proposed Regulations will be used for years prior to the year in a. - d. above, unless otherwise selected below (select one):

- e. N/A. Default applies.
- f. The parallel provisions of the 2002 proposed and temporary Regulations apply to calendar years beginning on and after January 1, _____ (enter year that is prior to the year in a. - d. above)
- g. A reasonable good-faith interpretation of IRC §401(a)(9) was applied to calendar years beginning on and after January 1, _____ (enter year that is prior to the year in a. - d. above)
- h. The 2002 final Regulations applied for purposes of determining minimum required distributions for the 2002 distribution calendar year that were made on or after _____ (enter the date in 2002 as of which the 2002 final Regulations were implemented)

108. Skip to 109.

109. Retroactive Annuity Starting Date

- a. No (skip to next question)
- b. Yes

Special Effective Date. Retroactive annuity starting dates are permitted under the Plan as of 1. _____ (enter a date that is no earlier than the first day of the Plan Year beginning on or after January 1, 2004).

Limitations on election of Retroactive Annuity Starting Date. The following limitations apply:

- c. No limitations
- d. _____

(e.g., a retroactive annuity starting date may only be elected by those Participants who do not elect a single sum payment).

110. Qualified Joint and Survivor Annuities (skip if 61c selected):

- a. Joint and 50% survivor annuity
- b. Joint and 100% survivor annuity

111. Distribution Options in lieu of Joint & Survivor Annuities (other than cash-out distributions) (select all that apply)

- a. Lump sum
- b. Installments
- c. Annuities
 - 1. Any form of annuity
 - 2. Only the following forms of annuity (select all that apply)

AND, indicate the specific forms of annuity to be provided... (select all that apply) (NOTE that plan automatically provides QOSA alternative for married participants)

- a. Straight life annuity
- b. 5 years certain and life
- c. 10 years certain and life
- d. 15 years certain and life
- e. 20 years certain and life
- f. Joint and 50% Survivor
- g. Joint and 66 2/3% Survivor
- h. Joint and 75% Survivor
- i. Joint and 100% Survivor
- j. Straight life with reduction upon receipt of Social Security benefits
- k. Other: _____

(must be currently available to all Participant's benefiting under the Plan and may not be subject to Employer discretion)

112. Death Benefits

- a. Only the minimum ("REA") spousal death benefit is provided (skip to 113)
- b. Defined death benefits, but with no insurance (select one then skip to 113) (may not be selected with 104e)
 - 1. Actuarial Equivalent of Accrued Benefit
 - 2. Value of total prior contributions (if greater than 1.)
 - 3. _____ times monthly benefit (not to exceed 100 times)
- c. Defined death benefits, with optional insurance (select one) (may not be selected with 104e)
 - 1. Proceeds of policies ONLY
 - 2. Proceeds of policies PLUS a. or b. below
 - a. Actuarial Equivalent of Accrued Benefit
 - b. Value of Total Prior Contributions
 - 3. Greater of policy proceeds OR a. or b. below
 - a. Actuarial Equivalent of Accrued Benefit
 - b. Value of Total Prior Contributions
- d. Defined death benefits, with mandatory insurance (insurance required) (may not be selected with 104e)
 - 1. _____ times monthly benefit
 - 2. _____ times monthly benefit PLUS a. or b. below
 - a. Actuarial Equivalent of Accrued Benefit
 - b. Value of Total Prior Contributions
 - 3. The greater of _____ times monthly benefit OR a. or b. below
 - a. Actuarial Equivalent of Accrued Benefit
 - b. Value of Total Prior Contributions

113. Death Benefit Distribution Options (for amounts over \$5,000) (select a. or one or more from b. - d.)

- a. No other options (may only be selected with 112a) (surviving spouse must receive annuity) (skip to 120) (may not be selected with 104a, 104b, 104c or 104d)
- b. Lump sums (may not be selected with 104e)
- c. Installments (may not be selected with 104e)
- d. Annuities (must select 1. or 2.) (may not be selected with 104e)
 - 1. All of the following forms of annuity
 - 2. Only the following forms of annuity (select all that apply)
 - a. straight life annuity
 - b. 5 years certain and life
 - c. 10 years certain and life
 - d. 15 years certain and life
 - e. 20 years certain and life
 - f. Straight life annuity, with reduction upon receipt of Social Security benefits

114. Policies to be purchased (select a. or all that apply at b. - c.) (skip to 115 if 112b selected, skip to 120 if 112a selected)

- a. N/A
- b. only for Participants who have completed _____ Plan Years of Service
- c. only in multiples of \$ _____

115. Death Benefits shall be limited to...

- a. greater of 100 times monthly benefit or reserve under typical level premium cost method
- b. 100 times the monthly benefit
- c. the reserve calculated under a typical level premium cost method
- d. R.R. 74-307 insurance plus reserve calculated under typical level premium cost method (may not be selected with 112b)
- e. N/A (may be selected only if 112b1 or 112b2 has been selected)

116. Qualified Pre-Retirement Survivor Annuity (QPSA) shall be equal to...

- a. The minimum spouse's death benefit (based on survivor % in QJSA) (can only be selected with 113b, 113c or 113d)
- b. 100% of the Participant's death benefit

Skip to 120.

TRANSITIONAL RULES

Skip to 135 if 10a.

120. SBJPA Transitional Rules Regarding "Old Law" Benefits

Are "old-law" benefits under the pre-GATT 415 limits being protected?

- a. N/A (e.g., plan was not adopted and effective prior to December 8, 1994) (skip to **121**)
- b. No, the new limits were applied to all benefits (skip to **121**)
- c. Yes

Note: **120c through 120i** must be elected in accordance with the provisions of an amendment that was timely adopted as described by IRS Rev. Rul. 98-1.

...**To which benefits** did the SBJPA changes to IRC §415(b)(2)(E) apply?

- d. Benefits accrued under the plan on and after the first day of the "limitation year" beginning in 1995
- e. Benefits accrued under the plan on and after 8/20/96
- f. Benefits accrued under the plan on and after _____
(must be after 8/20/96 and not later than the first day of the "limitation year" beginning in 2000)

...**AND**, how are the section 415 limitations applied to a benefit if section 415(b)(2)(E) changes are not applied to the "old law benefit" as of the "freeze date"? See Rev. Rul. 98-1, Q-14.

- g. Method 1 – sum of
- h. Method 2 – with wearaway
- i. Method 3 – extended wearaway

121. GUST family aggregation was eliminated, unless otherwise indicated below: (skip if **47a** or **51b**)

- a. Plan existed prior to 1/1/97 AND the employer chose, in the GUST restatement, to retain the pre-GUST family aggregation rules under IRC §414(q) (6) prior to its repeal (and such election remains in effect)

Note: The plan cannot be treated as a design-based safe harbor plan if this election is made.

122. Pension Funding Equity Act of 2004. (skip unless **11d** or **12b**) The interest rate change (5.5%) which is used for specific adjustments for purposes of the 415 limit, applied to 2004, 2005 and any subsequent plan year as provided by law. The transition rule for 2004 did not apply unless option **a.** is selected below: (select **a.** or leave blank if defaults apply)

- a. The **transition rule** will apply to distributions after December 31, 2003 and before January 1, 2005. The amount payable (other than nondecreasing annuities) shall not be less than the amount that would have been payable had the amount payable been determined using the GATT interest rate in effect as of the last day of the last Plan Year beginning before January 1, 2004.

Skip to 135.

Skip to 140 unless 1e

For a Cash Balance Defined Benefit Plan - Attach this Addendum to your completed Defined Benefit Checklist. Answer only the applicable questions below.

- 135. The hypothetical allocation shall equal:** (select one)
- a. A uniform allocation equal to:
 - 1. _____% of determination period Compensation for all eligible participants (may not be selected with **47a**)
 - 2. \$ _____
 - b. a non-uniform allocation. The hypothetical allocation shall equal a specific percentage of determination period Compensation to each eligible participant of a CLEARLY DEFINED group:
 - 1. Group A: _____ (select one)
 - a. _____% of determination period Compensation (may not be selected with **47a**)
 - b. \$ _____
 - 2. Group B: _____ (select one)
 - a. _____% of determination period Compensation (may not be selected with **47a**)
 - b. \$ _____
 - 3. Group C: _____ (select one)
 - a. _____% of determination period Compensation (may not be selected with **47a**)
 - b. \$ _____
 - 4. Group D: _____ (select one)
 - a. _____% of determination period Compensation (may not be selected with **47a**)
 - b. \$ _____
 - 5. Group E: _____ (select one)
 - a. _____% of determination period Compensation (may not be selected with **47a**)
 - b. \$ _____

The hypothetical allocation shall be allocated as of the last day of the determination period, which shall equal the:

- c. Plan Year month
- d. Plan Year quarter
- e. Plan Year

Note: If the hypothetical allocation uses Compensation, then the selection above (**135c - e.**) defines the period (the determination period) of Compensation to be used in the hypothetical allocations.

...to participants who: (select one)

- f. are actively employed on the last day of the determination period. (may not be selected with **e.**)
- g. complete 1 Year of Service (may only be selected if **e.** and either **24a1** or **27a** have been selected)
 - 1. Limit this requirement to only HCEs; all NHCEs need complete only one hour of service
- h. complete an applicable Period of Service during the determination period (may only be selected if **24b** or **27b** have been selected)
- i. are employed at any time during the determination period

Note: If **e.** is selected, **f.** may not also be selected (would violate accrual requirements under IRC §411(b)).

For converted plan (skip if **1e2** not selected) (response required if **1e2**)

- j. Date of conversion to cash balance: _____

For all plans that use compensation, should pre-participation compensation be included in determining hypothetical allocations:

- k. N/A (may not be selected unless **47a**)
- l. Include pre-participation compensation (may not be selected with **47a**)
- m. Exclude pre-participation compensation (may not be selected with **47a**)

136. The annual interest credit shall be:

- a. the GATT interest rate
- b. _____% (annual interest rate)

...which shall be allocated as of the last day of each:

- c. Plan Year month
- d. Plan Year quarter
- e. Plan Year

And, should 1/2 of the current period's hypothetical allocation receive an Interest Credit?

- f. Yes
- g. No

Note: If **136f** is selected, the period of **136c - e.** must be at least as great as the determination period of **135c - e.**

137. PPA Vesting: (select one)

- a. 100% (full and immediate) (may not be selected with **40b**)
- b. 3-year cliff (may not be selected with **40a**)
- c. Other: (may not be selected with **40a**)

Service	Percent
1. 1 year	_____%
2. 2 years	_____%
3. 3 years	100%

Skip to 140.

PARTICIPATING EMPLOYERS

140. Complete information for the Employers who are adopting the Plan as Participating Employers?

- a. No (skip to **165**)
- b. Yes

AND, (select all that apply)

- 1. list the Participating Employers in the SPD
- 2. include Participation Agreements for Participating Employers

141. FIRST PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

142. SECOND PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Third Participating Employer?

- k. No (skip to 165)
- l. Yes

143. THIRD PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

144. FOURTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

145. FIFTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

146. SIXTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

147. SEVENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

148. EIGHTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

149. NINTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

150. TENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

151. ELEVENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

152. TWELFTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

153. THIRTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

154. FOURTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Fifteenth Participating Employer?

- k. No (skip to 165)
- l. Yes

155. FIFTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Sixteenth Participating Employer?

- k. No (skip to 165)
- l. Yes

156. SIXTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Seventeenth Participating Employer?

- k. No (skip to 165)
- l. Yes

157. SEVENTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Eighteenth Participating Employer?

- k. No (skip to 165)
- l. Yes

158. EIGHTEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 Participating Employer?

- k. No (skip to 165)
- l. Yes

159. NINETEENTH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____

- 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 Twentieth Participating Employer?

- k. No (skip to 165)
- l. Yes

160. TWENTIETH PARTICIPATING 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) (select one of f. - i. and j. if applicable)

- 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: 1. _____
- 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 165.

IRS REQUIRED PROVISIONS

165. PPA/HEART Provisions. Use defaults for ALL provisions (no election was previously made or is being made now)

- a. Yes, use ALL default provisions (skip to 180) (see Commentary for complete list of default provisions).
- b. No

166. PPA/HEART Elections

Effective date of applicable mortality table for computing 415 limits. (Default: Effective for years beginning after December 31, 2008, unless an earlier date is specified at a. below) (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) (may not be selected with 10a)

Non-spousal rollovers. Non-spousal rollovers are permitted after December 31, 2006 unless b. elected below; such distributions are always permitted after December 31, 2009): (may not be selected with 10a)

- b. Use the following instead of the default:
 - 1. Not permitted until 1/1/10
 - 2. Permitted effective: _____
 (may be a year beginning after December 31, 2007 and before January 1, 2009, or any portion of such year)

IRC §436 Benefit Restrictions.

Treatment of Plan as of Close of Prohibited or Cessation Period.

Unless otherwise elected below, accruals that had been limited under IRC §436(e) will be automatically restored when the limitation ceases to apply.

- c. Accruals will only continue prospectively after the limitation ceases to apply.
- d. All accruals under the Plan will cease even after the limitation ceases to apply.

Accelerated benefit distributions. Unless otherwise elected below, there is no new "annuity starting date" with respect to payments made as a result of the benefit limitations no longer being applicable, and there are no optional forms of benefit that are only available for the period of the benefit restrictions (select if applicable):

- e. Use the following instead of the default (select all that apply):
 - 1. A participant who makes such a new election is treated as having a new "annuity starting date."
 - 2. The following optional forms of benefit are only available during the period in which Regulations section 1.436-1(d)(1), (d)(2), or (d)(3) applies to limit prohibited payments under the Plan
 (specify): _____

HEART Act Provisions.

Continued benefit accruals. Continued benefit accruals under the HEART Act will NOT apply unless elected below

- f. Provide for continued benefit accruals
 Effective date if other than January 1, 2007: (leave blank if no special date)
 1. _____
 However, the provisions no longer apply effective as of: (select if applicable)
 2. _____

Military Differential wage payments. For Plan Years beginning after December 31, 2008, include differential wage payments as Compensation for all Plan benefit purposes unless otherwise elected below. (skip if 47a)

- g. Differential wage payments will **not** be treated as Compensation for benefit purposes effective as of _____

- h. In lieu of the above default provision, the inclusion is effective for Plan Years beginning after _____ (may not be earlier than December 31, 2008).

In-service Distributions. In-service distributions at age 62 will not be allowed unless elected below (may be elected only if 97b or 97c elected)

- i. Benefit distributions may commence at age 62.
 - 1. age: _____ (specify age higher than 62)
 - 2. Effective date if later than first day of 2007 plan year: _____

Skip to 180.

IRS OPTIONAL PROVISIONS

180. QDIA. Include Qualified Default Investment Alternative?

(skip if plan does NOT provide for directed investments (90a))

- a. No (skip to 190)
- b. Yes
 - 1. I wish to skip c. - i.; these will be completed in participant notices at a later time) (skip to 190)

The basic QDIA(S) are: (select one of c. or d.)

- c. Single Primary QDIA (skip to e.)

_____ (insert name of the primary QDIA)

Primary 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. _____

Transitional QDIAs

- e. Yes (select all that apply or leave blank if not applicable)
 - 1. Grandfathered (pre-12/24/07) QDIA: (may not be selected with 10a)

_____ (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. _____

Skip to 190.

DOCUMENT REQUESTS

190. Include the following amendment with the Plan Document:

- a. PPA (or other required supplemental) amendment (skip if 11b)

191. Basic Supporting Forms

- a. No basic forms (other than annual notices at Q198)
- b. Includes all forms--SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices (402(f)), Administrative Forms with Guide, Resolution, Tax Forms, Notice and Index)
- c. Select Individual Forms
 - 1. SPD-8.5 x 11
 - a. Short Form Q&A
 - 2. Resolution
 - 3. Annual Investment Notice
 - 4. Tax Notices (402(f))
 - 5. Administrator's Guide
 - 6. Index (plan must also be selected)
 - 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)

192. Additional Supporting Forms

- a. No additional forms
- b. Also include the following forms:
 - 1. Tax Forms
 - 2. Notice to Interested Parties
 - 3. Submission Instructions (Submission Forms)
 - 4. Appendix for Rollovers From Other Plans (appears at the end of the SPD; applies only if Plan accepts rollovers) (may not be selected with 86a)

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.

193. 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 (8.5 x 11). Include headers and/or footers?

(skip if no SPD selected)

- 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.

194 Skip to 195.**SUPPORTING FORMS INFORMATION**

(If no SPD selected, skip to 197)

195. PBGC. Is the plan covered by the Pension Benefit Guaranty Corporation?

- a. Yes (may not be selected with 7h)
- b. No

Skip to 197.**197. SPD and forms****COLA - update for the 2018 limits** (Note: The SPD currently reflects the 2017 dollar limitations on benefits and contributions) (select a. if applicable)

- a. Yes, 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) (may not be selected with 10a)

- b. Yes (select all that apply)
1. Loans were permitted prior to _____ (may not be selected with 89b)
 2. After-tax Voluntary Employee Contributions were permitted prior to _____ (may only be selected with 21d2)

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)

Administrative Forms. Include optional language (leave blank if not applicable)

- d. Yes, include the following: (may not be selected with 90a)
1. QDIA Notice. Notice is effective for Plan Year beginning on: _____

Skip to 198 if 103a, 103b2 or 103b3.**SPD and Forms.** Include optional language for plans with automatic rollovers

- e. **Automatic IRA Rollover - amount.** If no participant election is made, in addition to making automatic rollovers of \$1,000 or more, mandatory distributions of at least: \$ _____ (specify \$1,000 or less) will also 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 for plans with automatic rollovers

- f. **Automatic IRA Rollover - issuer.** Include name and address of the financial institution where the IRA will be established (if this option is NOT selected, the form will include blanks to complete the information at a later time)

1. Name of IRA Institution: _____
2. Address: _____

198. Annual Notice. Include optional language (applies for ALL plans with QDIA provisions) (skip unless 180b elected).

- 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 1a and/or 2a blank if these will be completed in notice at a later time)
1. Fax: _____
 2. Email address: _____
- c. **Cover Letter.** Include Annual Notice cover letter (skip unless 198a)
1. **Date.** Cover letter should be dated as follows (optional): _____
 2. **Employer Contact.** Include name of person to contact (optional): _____

199. Loan Limitations. If Loans permitted (89b), then the following shall apply (skip if 89b not selected):

- a. N/A. No limitations (skip to 200)
- b. the following limitations:
1. Loans only for hardship/financial necessity
 2. Minimum loans of \$ _____ (not more than \$1,000)
 3. Only _____ outstanding loan(s) per Participant
 4. Loan balances due and payable upon distributable event
 - a. also due upon termination of employment (even if no immediate distribution)
 5. Loans are repaid by:
 - a. payroll deduction
 - b. ACH (Automated Clearing House)
 - c. check
 1. only for prepayment

Loans Interest Rate

- c. Loans will be granted at the following interest rate:
1. _____ percentage points over the prime interest rate
 2. _____%
 3. the Plan Administrator will establish the rate in a nondiscriminatory manner

200. If Appendix for Rollovers selected, the Plan will accept direct rollovers of an eligible rollover distribution from the sources specified below: (skip if 86b NOT selected)

- a. N/A - blank form provided; appendix to be completed later (skip to 201)

Direct Rollovers

- b. The Plan will accept a direct rollover of an eligible rollover distribution from: (select all that apply)
1. a qualified plan described in IRC §401(a), **excluding** after-tax employee contributions
 2. a qualified plan described in IRC §401(a), **including** after-tax employee contributions (may be selected only if 21b or 21d AND 86b elected)

- 3. a qualified plan described in IRC §403(a) (an annuity plan), **excluding** after-tax employee contributions
- 4. a qualified plan described in IRC §403(a) (an annuity plan), **including** after-tax employee contributions (may be selected only if **21b** or **21d** AND **86b** elected)
- 5. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **excluding** after-tax employee contributions
- 6. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **including** after-tax employee contributions (may be selected only if **21b** or **21d** AND **86b** elected)
- 7. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

Participant Rollover Contributions from Other Plans (other than direct rollovers)

- c. The Plan will accept a participant contribution of an eligible rollover distribution: (select all that apply)
 - 1. a qualified plan described in IRC §401(a)
 - 2. a qualified plan described in IRC §403(a) (an annuity plan)

- 3. an annuity contract described in IRC §403(b) (a tax-sheltered annuity)
- 4. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

Participant Rollover Contributions from IRAs:

The Plan: (select one)

- d. will
- e. will not

accept a participant rollover contribution of the portion of a distribution from a traditional IRA that is eligible to be rolled over and would otherwise be includible in gross income.

Skip to 209.

209. Optional Index Information

- a. Include blank lines to enter amendment information

These documents are being printed by FIS Relius at the direction of the person named on the transmittal form, who is either a professional authorized to practice before the Internal Revenue Service or acting under the direction of such a professional. It is understood that FIS Relius is not engaged in the practice of law. Any unanswered questions may result in errors in the Plan produced by using the information from this worksheet. I understand that in preparing the document requested, FIS Relius is utilizing information shown on this checklist to produce documents using a format which has been designed by FIS Relius and programmed by FIS Relius on its Relius® Documents system. FIS Relius has made NO REPRESENTATION OR WARRANTY OF ANY KIND, expressed or implied, including no warranties of MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, nor is any opinion, expressed or implied, rendered by its attorneys as to the legal effect, sufficiency or tax qualification of any document utilizing FIS Relius's format. If a check is not enclosed, the undersigned agrees to pay FIS Relius upon receipt of such documents at the prices in effect when this order is received by FIS Relius. The practitioner shall be exclusively responsible for carefully reviewing and editing all documents to confirm their accuracy and client suitability. I hereby RELEASE FIS Relius from any and all liability attributable to any legal or other defect in the requested documents. I understand that I am responsible for the payment of any applicable taxes, including sales and/or use taxes, that may be due upon purchase of services provided herein.

SIGNED _____
(Required)

FORM 5300/5307 INFORMATION

IRS SUBMISSION REQUIREMENTS:

If you are receiving Form 5307/5300 with your document package, the following information may be answered on the Form 5307/5300 by completing the questions below. For additional information refer to submission form instructions (if you made that request at Q190/191). **In the case of the Form 5300, you may need to also refer to the instructions published by the IRS in December of 2013.**

210. Completion of Form 5307/5300 for IRS submission

- a. Yes
1. Form 5307 only (**do not select unless modifications were made to the preapproved language**) (may not be selected with 11b)
2. Form 5300 only (skip to 240)
3. Unsure which Form will be used (present questions for both Forms) (may not be selected with 11b)
- b. No or N/A (skip remaining questions)

5307 TAX FORM

211. Employer Information

- a. (1e) Employer state abbreviation (ex. FL) _____
- b. (1f) +4 digit Zip code _____ (ex. 12345-XXXX)
- c. (1g) Country _____
- d. (1k) Employer's tax year ends—Enter (MM) _____

Skip to 213.

213. (3a) Determination requested for:

- a. Initial Qualification
- b. Request after initial qualification (complete 1. and skip to d. - e.) (may not be selected with 10a)
1. Effective date of restatement _____ (MMDDYYYY)

If Initial Qualification: (skip to 213d if 213b)

- c. Date plan signed _____ (MMDDYYYY)

(3c) Enter number of amendments included

- d. _____

(3d) Enter the date the amendment(s) were signed (MMDDYYYY)

- e. _____
- f. _____
- g. _____
- h. _____

(3e) Enter the date the amendment(s) were effective (MMDDYYYY)

- i. _____
- j. _____
- k. _____
- l. _____

214. (3f) Has the Plan received a determination letter?

- a. Yes (may not be selected with 213a)
- b. No (skip to 215)

(3g/3h) If Yes, answer c. and/or d. if known.

- c. Date of letter _____ (MMDDYYYY)
- d. Number of amendments _____

215. (3n) Is this plan an offset arrangement with any other plan?

- a. Yes
- b. No
- c. Not known

Plan Information

- d. (4c) Enter month plan year ends (MM) _____
- e. (4d) Enter plan's original effective date (MMDDYYYY) _____
- f. (4e) Enter number of participants: _____

216. (6a) Is employer a member of an affiliated service group (ASG)?

- a. Yes (an attachment to the Form must be prepared by you (see IRS Form 5307 instructions))
- b. No
- (6b) Is employer a member of a controlled group or a group of trades or businesses under common control?
- c. Yes (an attachment to the Form must be prepared by you (see IRS Form 5307 instructions))
- d. No

217. (7c) Are there modifications to the volume submitter plan? (skip if 11b)

- a. Yes
- b. No (no longer may be elected, see IRS Announcement 2011-82)
- c. Not known (no longer may be elected, see IRS Announcement 2011-82)

218. (8d) Is this a collectively bargained plan? (See Regulations section 1.410(b)-9.)

- a. Yes
- b. No
- c. Not known

(8f) Has this plan been involved in a merger?

- d. Yes
- e. No
- f. Not known

(8g) Has the plan been amended or restated to change the type of plan?

- g. Yes
- h. No
- i. Not known

219. (9a) Does the plan sponsor maintain any other qualified plan(s) under section 401(a)?

- a. Yes
- b. No (skip to 222) (may not be selected with 39d, 39e or 39f)
- c. Not known (skip to 222) (may not be selected with 39d, 39e or 39f)

220. (9b) Does the plan sponsor maintain another plan of the same type (i.e., both this plan and the other plan are defined contribution plans or both are defined benefit plans) that covers non-key employees who are also covered under this plan?

- a. Yes
- b. No (skip to 221)
- c. Not known (skip to 221)

If Yes, when the plan is top-heavy, do the non-key employees covered under both plans receive the required top-heavy minimum contribution or benefit under:

- (1) This plan?
- d. Yes
- e. No
- f. Not known
- (2) The other plan?
- g. Yes
- h. No
- i. Not known

221. (9c) Does the plan sponsor maintain a defined contribution plan that covers non-key employees who are also covered under this plan?

- a. Yes (may not be selected with 39c)
- b. No (skip to 222) (may not be selected with 39d, 39e or 39f)
- c. Not known (skip to 222) (may not be selected with 39d, 39e or 39f)

If Yes, when the plan is top-heavy, do non-key employees covered under both plans receive:

(1) the top-heavy minimum benefit under the defined benefit plan?

- d. Yes
- e. No
- f. Not known

(2) at least a 5% minimum contribution under the defined contribution plan?

- g. Yes
- h. No
- i. Not known

(3) the minimum benefit offset by benefits provided by the defined contribution plan?

- j. Yes (Do not select unless you have modified the plan with language you drafted for this purpose.)
- k. No
- l. Not known

(4) benefits under both plans that, using a comparability analysis, are at least equal to the minimum benefit?

- m. Yes (Do not select unless you have modified the plan with language you drafted for this purpose)
- n. No
- o. Not known

222. (9d) Does the plan prevent the possibility that the section 415 limitations will be exceeded for any employee who is (or was) a participant in this plan and any other plan of the employer?

- a. Yes
- b. No
- c. Not known

(10a) Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit including an amendment adopted after September 6, 2000, to eliminate the joint and survivor annuity form of benefit (may not be selected with **10a**)

- d. Yes
- e. No
- f. Not known

223. (10c-g) Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending before the: (select all that apply at **a. - e. OR f. or g.**)

- a. Internal Revenue Service
- b. Department of Labor
- c. Pension Benefit Guaranty Corporation
- d. Voluntary Compliance Resolution Program of the Employee Plans Compliance Resolution System (EPCRS), or Employee Benefits Security Administration
- e. Any court
- f. No (none of the above)
- g. Not known

224. (12) Is this a request for a determination regarding a design-based safe harbor under section 401(a)(4)?

- a. Yes
- b. No (skip to **240**)
- c. Not known (skip to **240**)

225. (12a) Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(l)?

- a. Yes
- b. No (skip to **227**)
- c. Not known (skip to **227**)

226. (12b) Do the provisions of the plan ensure that the overall permitted disparity limits will not be exceeded?

- a. Yes
- b. No
- c. Not known

227. (12c) Enter the letter ("B" - "E") from the list below that identifies the safe harbor intended to be satisfied

- a. **B**—1.401(a)(4)-3(b)(3) unit credit defined benefit (DB) plan
- b. **C**—1.401(a)(4)-3(b)(4)(i)(C)(1) unit credit DB fractional rule plan
- c. **D**—1.401(a)(4)-3(b)(4)(i)(C)(2) flat benefit DB plan
- d. **E**—1.401(a)(4)-3(b)(5) insurance account
- e. Not known

228. (12d) List the plan section(s) that satisfy the safe harbor (including, if applicable, the permitted disparity requirements) here:

a. _____

Skip to 240.

5300 TAX FORM

240. Completion of the Form 5300 for IRS submission

If you are receiving Form 5300 with your document package, do you want to fill in the Form 5300 by completing the questions below?

- a. Yes (For additional information on completing these questions, refer to the IRS instructions for Form 5300)
- b. No or N/A (automatically selected if Form 5300 NOT chosen (i.e., **210a1** selected)) (skip remaining questions)

241. Employer Information (complete **d. - g.** only if you have a foreign address)

- a. **(1d)** Employer state abbreviation (ex. FL) _____
- b. **(1e)** +4 digit Zip code _____ (ex. 12345-XXXX)
- c. **(1i)** Employer's tax year ends--Enter (MM) _____
- d. **(1j)** Foreign City or Town _____
- e. **(1k)** Foreign Country _____
- f. **(1l)** Foreign Province/country _____
- g. **(1m)** Foreign postal code _____

242. (2a) Person to contact if more information is needed.

(If same as plan sponsor, select **a.** If other than plan sponsor, select **a.** OR complete **b. - m.** below.) (complete **j. - m.** only if you have a foreign address)

- a. N/A (Form 2848 will be filed) (skip to next question)
- b. _____
(Name)
- c. _____
(Address)
- d. _____ e. _____ f. _____ g. _____
(City) (State) (Zip code + 4)
- h. Telephone number _____
- i. Fax number _____
- j. Foreign City or Town _____
- k. Foreign Country _____
- l. Foreign Province/country _____
- m. Foreign postal code _____

243. (3a(1)) Determination requested for:

- a. Initial Qualification – New Plan
 b. Initial Qualification – Existing Plan
 c. Request after initial qualification (skip to e. - i.) (may not be selected with 10a)

(3b) If Initial Qualification:

- d. Date plan initially adopted _____ (MMDDYYYY)

(3a(2)) Special ruling(s) requested (select one below):

- e. Affiliated Service Group
 f. Leased employee
 g. Partial termination
 1. date of the partial termination _____
 h. Termination of multiemployer collectively bargained or multiple employer plan covered by PBGC insurance
 1. enter the effective date of termination _____
 i. N/A or not known

(3e(1)) Is the plan being filed "on-cycle" pursuant to section 13 or 14 of Rev. Proc. 2007-44, 2007-28 I.R.B. 54?

- j. Yes
 k. No (skip to 245)
 l. Not known (skip to 245)

(3e(2)) Provide the submission cycle indicator pursuant to section 13 or 14 of Rev. Proc. 2007-44.

- m. Cycle A
 n. Cycle B
 o. Cycle C
 p. Cycle D
 q. Cycle E
 r. Pre-approved DB plans
 s. Not known

244. (3e(3)) Provide the cycle reason:

- a. The last digit of the EIN
 b. Multiple employer plan
 c. Governmental plan including governmental multiple employer plan
 d. Multiemployer plan
 e. DB pre-approved plan, or an individually designed DB plan that is eligible for the six-year RAC, filing in the two-year window
 f. EIN of the parent company, jointly trustee single employer collectively bargained plan (if the plan sponsor is the Joint Board of Trustees include the EIN used on the Form 5500 filing) or centralized organization if that organization administers and operates the plan
 g. New plan exception
 h. Cycle changing event (include the date and explanation of the cycle changing event)
 i. Cycle A controlled group election, ASG election or centralized group election. Attach a copy of the election.
 j. Urgent business need
 k. Other, attach an explanation
 l. Not known

(3f(2)) Is the Plan a pre-approved Volume Submitter Plan?

- m. Yes (may not be selected if 11b)
 n. No
 o. Not known

245. (3g(1)) Is this form being filed because it is a pre-approved plan required to file on a Form 5300? (skip to 246 if 11b)

- a. Yes, and the reason(s) are specified below
 b. No (skip to 247)
 c. Not known (skip to 247)

(3g(2)1) Multiple employer plan

- d. Yes
 e. No
 f. Not known

(3g(2)2) Request required pursuant to published guidance by Service (such as minimum funding waiver)

- g. Yes
 h. No
 i. Not known

(3g(2)3) IRC section 415 and 416 provisions added to an M&P plan due to required aggregation

- j. Yes
 k. No
 l. Not known

(3g(2)4) The normal retirement age in the M&P or VS pension plan is earlier than age 62

- m. Yes
 n. No
 o. Not known

246. (3h) If the plan is not a pre-approved plan, is the plan an individually designed plan that is eligible for the six-year RAC?

- a. Yes
 b. No
 c. Not known

(3i(1)) If this is a VS plan, did the VS practitioner have the authority to amend on behalf of adopting employers for the entire prior RAC? (skip to 247 if 11b)

- d. Yes
 e. No
 f. Not known

(3i(2)) If this is a VS plan, did the VS practitioner have the authority to amend on behalf of adopting employers for the entire current RAC?

- g. Yes
 h. No
 i. Not known

247. (3j) Was the plan sponsor entitled to rely on a favorable opinion or advisory letter as an "identical adopter" of a pre-approved plan for the plan's RAC immediately preceding the cycle in which the application is submitted?

- a. Yes
 1. Name of sponsor or practitioner _____
 2. Date of opinion/advisory letter _____
 3. Serial # of opinion/advisory letter _____
 b. No
 c. Not known

(3k) Does the plan have a determination letter (DL) for the plan's RAC immediately preceding the cycle in which the application is filed?

- d. Yes
 1. Date the letter was issued _____
 2. Year of the Cumulative List considered in the letter _____
 3. Expiration date of the letter _____
 e. No
 f. Not known

(3l) Do any amendments not considered in a prior DL have any discretionary provisions?

- g. Yes
 h. No
 i. Not known

248. (3n) Are there any amendments to be listed on line 3m? (see IRS instruction for Line 3m to see which amendments should NOT be listed)

- a. No (skip to 249)
 b. Yes, total number _____ (if more than 4, attach a chart with the additional amendments, which includes the information below)
 c. Not known (skip to 249)

(3m(1)) Amendment 1

- d. ID #
1. Effective Date (MMDDYYYY)
2. Adoption Date (MMDDYYYY)
Type of Amendment (select if applicable)
3. Interim
4. Discr.
Power to amend on behalf of
5. Yes
6. No
7. Not known
Due Date of Tax Return (including extensions)
8. (MMDDYYYY)

(3m(2)) Amendment 2

- e. ID #
1. Effective Date (MMDDYYYY)
2. Adoption Date (MMDDYYYY)
Type of Amendment (select if applicable)
3. Interim
4. Discr.
Power to amend on behalf of
5. Yes
6. No
7. Not known
Due Date of Tax Return (including extensions)
8. (MMDDYYYY)

(3m(3)) Amendment 3

- f. ID #
1. Effective Date (MMDDYYYY)
2. Adoption Date (MMDDYYYY)
Type of Amendment (select if applicable)
3. Interim
4. Discr.
Power to amend on behalf of
5. Yes
6. No
7. Not known
Due Date of Tax Return (including extensions)
8. (MMDDYYYY)

(3m(4)) Amendment 4

- g. ID #
1. Effective Date (MMDDYYYY)
2. Adoption Date (MMDDYYYY)
Type of Amendment (select if applicable)
3. Interim
4. Discr.
Power to amend on behalf of
5. Yes
6. No
7. Not known
Due Date of Tax Return (including extensions)
8. (MMDDYYYY)

249. (3o) Designate the IRS Form that the employer uses to file its return

- a. _____

(4c) Month in which plan year ends

- b. _____ (MM)

(4d) Plan's original effective date:

- c. _____ (MMDDYYYY)

(4e) Number of Participants

- d. _____

250. (4f) Does the plan sponsor have no more than 100 employees who received at least \$5,000 of compensation for the preceding year?

- a. Yes
b. No (skip to 251)
c. Not known (skip to 251)

(4g) Is at least one employee a non highly compensated employee?

- d. Yes
e. No
f. Not known

251. (5a) Indicate the type of plan:

- a. pension equity plan
b. cash balance plan converted from traditional DB (can't select with 1e1)
c. cash balance since inception of plan (can't select with 1e2)
d. traditional DB formula (can't select with 1e)
e. Not known

(5b(1)) Was the plan's normal retirement age below 62 any time after 5/22/07?

- f. Yes

(5b(2)) Has the employer made a good faith determination that the plan's normal retirement age is not lower than an age that reasonably represents the typical retirement age for the under industry in which the covered workforce is employed?

- 1. Yes (attach required statement)
2. No
3. Not known

- g. No

- h. Not known

252. (6a(1)) Is the plan sponsor a member of an ASG, controlled group of corporations, or a group of trades or businesses under common control within the meaning of section 4.14(b) or (c)?

- a. Yes (attach the required statement)
b. No
c. Not known

(6a(2)) Is the plan sponsor a employer a foreign entity or is the plan sponsor a member of an ASG, controlled group of corporations, or a group of trades or businesses under common control within the meaning of section 414(b) or (c) that includes a foreign entity?

- d. Yes
e. No
f. Not known

(6b) Is this a governmental plan under section 414(d)?

- g. Yes
h. No
i. Not known

(6c(1)) Is this a church plan under section 414(e)?

- j. Yes
k. No (skip to 253)
l. Not known (skip to 253)

(6c(2)) Was an election made by the church to have participation, vesting, funding, etc. provisions apply in accordance with section 410(d)?

- m. Yes
n. No
o. Not known

253. (6d) Does this plan benefit any collectively bargained employees under Reg. section 1.410(b)-6(d)(2)?

- a. Yes
b. No
c. Not known

(6e) Is this an insurance contract plan under Code section 412(e)(3)?

- d. Yes
e. No
f. Not known

(6f) Is this a multiemployer plan under Code section 414(f)?

- g. Yes (may not be selected with 244m)
h. No
i. Not known

(6g) Is this a request for a ruling under Code section 401(h)?

- j. Yes (may not be selected with **244m**)
 k. No
 l. Not known

(6h) Is this a request for a ruling under Code section 420?

- m. Yes
 n. No
 o. Not known

(6i(1)) Is this a multiple employer plan under section 413(c)?

- p. Yes
 1. Enter total number of participating employers _____
 2. Enter number of participating employers submitting a Form 5300 concurrent with this application _____
 3. Enter EIN of employer submitting the controlling plan _____
 4. Enter 3-digit plan number of the controlling plan _____
 q. No
 r. Not known

254. (8) Is a separate DL application for this plan currently pending before the IRS?

- a. Yes
 b. No
 c. Not known

(9a) Does the plan satisfy one of the design-based safe harbor requirements for contributions or benefits under Reg. section 1.401(a)(4)-2(b) or 3(b)?

- d. Yes

(9b) Is this an election for a determination regarding a design-based safe harbor?

1. Yes

(9d) Does this plan satisfy one of the safe harbor definitions of compensation under Reg. sections 1.414(s)-1(c)(2) or (3)?

- a. Yes
 b. No
 c. Not known

(9c) Enter the letter ("B" - "E") from the list below that identifies the safe harbor intended to be satisfied

- d. **B**—1.401(a)(4)-3(b)(3) unit credit defined benefit (DB) plan
 e. **C**—1.401(a)(4)-3(b)(4)(i)(C)(1) unit credit DB fractional rule plan
 f. **D**—1.401(a)(4)-3(b)(4)(i)(C)(2) flat benefit DB plan
 g. **E**—1.401(a)(4)-3(b)(5) insurance contract plan
 h. Not known

2. No (skip to **g. - i.**)
 3. Not known (skip to **g. - i.**)

- e. No

- f. Not known

(14) Has the plan been involved in a merger, consolidation, spinoff, or a transfer of plan assets or liabilities that was not considered under a previous DL?

- g. Yes, there was a merger that has never been the subject of an IRS ruling
 h. No, either there was no merger, or if there was a merger and it has already been previously ruled on
 i. Not known

255. (15a) Has the plan been amended or restated to change the plan type?

- a. Yes

(15b) Was the change considered in a prior DL?

1. Yes
 2. No (attach a statement explaining the change)
 3. Not known

- b. No

- c. Not known

256. (16a) Does the plan sponsor maintain any other qualified plans under section 401(a)?

- a. Yes (attach required statement and complete lines 16b and 16c)
 b. No (skip to **259**)
 c. Not known (skip to **259**)

257. (16b(1)) Does the plan sponsor maintain another plan of the same type (i.e., both this plan and the other plan are DC plans or both are DB plans) that covers non-key employees who are also covered under this plan?

- a. Yes
 b. No (skip to **258**)
 c. Not known (skip to **258**)

If Yes, when the plan is top-heavy, do non-key employees covered under both plans receive the top-heavy minimum contribution or benefit under:

(2) This plan?

- d. Yes
 e. No
 f. Not known

(3) The other plan?

- g. Yes
 h. No
 i. Not known

258. (16c(1)) Does the plan sponsor maintain a DC plan that covers non-key employees who are also covered under this plan?

- a. Yes (may not be selected with **39c**)
 b. No (skip to **259**) (may not be selected with **39d, 39e** or **39f**)
 c. Not known (skip to **259**) (may not be selected with **39d, 39e** or **39f**)

If Yes, when the plan is top-heavy, do non-key employees covered under both plans receive:

(2) The top-heavy minimum benefit under the DB plan?

- d. Yes
 e. No
 f. Not known

(3) At least a 5% minimum contribution under the DC plan?

- g. Yes
 h. No
 i. Not known

(4) The minimum benefit offset by benefits provided by the DC plan?

- j. Yes
 k. No
 l. Not known

(5) Benefits under both plans, using a comparability analysis, at least equal to the minimum benefit?

- m. Yes
 n. No
 o. Not known

259. (17) Does any amendment to this plan reduce or eliminate any section 411(d)(6) protected benefit?

- a. Yes (attach the required statement)
 b. No
 c. Not known

(19) Is any issue involving this plan currently pending or has any issue related to this plan been resolved during the current RAC by: **(1)** IRS, **(2)** DOL, **(3)** PBGC, **(4)** Any court (including bankruptcy), or **(5)** The Voluntary Correction Program of the Employee Plans Compliance Resolution System

- d. Yes (attach a statement with the contact person's name (IRS Agent, DOL Investigator, etc.) and telephone number)
 e. No
 f. Not known