

1. DOCUMENT TYPE

- i. ESOP Plan
1. Leveraged
2. Nonleveraged
j. Stock Bonus Plan
k. PAYSOP
l. ESOP/PAYSOP

And add if applicable (Note: The divestment rules of PPA §901 (IRC §401(a)(35)) apply if this Plan includes 401(k) features.)

- m. 401(k) features
n. Money Purchase Plan (ESOP only)
o. N/A

DOCUMENT PACKAGE

- a. Plan & Trust as one document
b. Plan & Trust as separate documents
c. Plan Only--No Trust
d. Summary Plan Description Only
e. No Forms

2. SUPPORTING FORMS

- a. Includes all forms--SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices 402(f), Administrative Forms with Guide, Resolution, 5309(ESOP only)/5300, Notice and Index
b. Select Individually
c. Tax Only (with Plan)

Long Form Q&A SPD (8.5 x 11)

- d. Yes
e. No

Short Form Q&A SPD

- f. Yes
g. No

Notice

- h. Yes
i. No

Resolution

- j. Yes
k. No

Administrative Forms

- l. Yes
m. No

Plan Administrator's Guide

- n. Yes
o. No

Index

- p. Yes
q. No

Form 5309/5300

- r. Yes
s. No

Tax Notices (402(f))

- t. Yes
u. No

3. FORMAT

- a. Standard (letter size, single spaced, ragged margin)
b. No

EMPLOYER INFORMATION

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

- a.
b.

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

7. Employer Entity:

- a. S Corporation
b. C Corporation

AND, has the entity selected in a. or b. above ALWAYS maintained the Plan?

- c. N/A--New Plan (10a will be selected)
d. No
e. Yes

8. Employer's Address:

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

9. a. ID No.:

- Plan No.
b. 001
c. 002
d. 003
e. 004
f.

(Note: answer a. and select one from b. - f.)

PLAN ADMINISTRATION

10. Plan Information:

- a. New Trust (automatically selected if 7c) (skip to 13)
b. Amendment and Restatement of Same Plan (skip to f. or g.)
c. Conversion of:
1. Profit Sharing Plan
2. Regular Stock Bonus Plan (ESOP only)

If Conversion, shall participants be fully vested?

- d. No
e. Yes

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

- f. No or N/A
g. Yes, and the freeze date of the plan benefits is: (skip to 11)
(month) (day) (year)

Is the Plan terminating? (select h. OR i. and j.)

- h. No or N/A
i. Yes, and the freeze date is:
j. Yes, and the termination date is:

11. Is this Plan being restated for Cycle A3 (ending January 31, 2017)?

- a. No, this is an interim restatement
b. Yes, this is a required restatement that needs to have retroactive effective dates covering the 5-year cycle

12. Was original Plan Name same as Restated Plan?

- a. Yes
b. No
If No, enter ORIGINAL Name of Document:
1.
2.

13. Plan Name/Title of Document:

- 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.

14. Employer's Fiscal Year:

- a. Begins
1. Ends

Short Fiscal Year (select a. or b., then skip to 15.)

- a. If short Fiscal Year, date began
b. N/A

OR

- b. 52/53 week year ending
1. Date nearest to

15. Plan Year

- a. Begins
1. Ends

Short Plan Year (select a. or b., then skip to 16)

- a. If short Plan Year, date began
b. N/A

OR

- b. 52/53 week year ending
1. Date nearest to

16. Effective Date(s)

- a. Initial Effective Date
b. This restatement

Note: 16b--Use first day of current Plan Year. The provisions of any required retroactive provision will be made retroactive to their separately stated effective dates whenever 11b has been selected.

17. Witnesses to Employer's signature--Plan document

- a. No
b. Yes

Include attest line for Employer--Plan document

- c. No
d. Yes

18. Plan Administrator shall be:

- a. Employer, using Employer's address and phone
OR
b. Other

AND, if Other chosen

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

- a. (Street--Physical not P.O. Box)
b. (City) c. (State) d. (Zip)
e. Telephone

19. Trustee

- a. Corporate (e.g., bank) Trustee Name (if applicable):
1.
2.
OR
b. Individual Trustee(s) Name(s)/Title:
1. /
2. /
3. /
4. /
5. /
6. /
7. /
8. /

20. **Trustee(s) address**
- a. Use Employer's address
 - b. Use address below...
1. _____
(Street--Physical not P.O. Box)
2. _____ 3. _____ 4. _____
(City) (State) (Zip)

21. **Skip to 23.**

23. **May other Employers adopt this Plan?**
- a. No
 - b. Yes
- If Yes**, contributions and forfeitures allocated to...
- 1. all adopting employers' employees
 - 2. only each adopting employer's employees (may result in discrimination under 401(a)(4))

24. **Skip to 26.**

SERVICE, ELIGIBILITY AND VESTING

26. **Year of Service for Eligibility, Vesting and Benefit Accrual, use...**
- a. Hours of Service Method (skip to 28 equivalencies below)
 - b. Elapsed Time Method (skip to 31)
- Note:** Option a. provides, for all purposes, a Plan Year computation period except if eligibility is more than one year, anniversaries of date of hire will be used.
- OR**
- c. Select a different method for Eligibility, Vesting and Accrual Service (answer 27)
27. **If different service** crediting methods, complete 27a - i.
- Eligibility Service**
- a. N/A--No service required (34a or d. selected AND 59c or d. NOT selected)
 - b. Hours of Service Method with a computation period of
 - 1. Date of hire and anniversaries
 - 2. Plan Year switch
 - c. Elapsed Time Method
- Vesting Service**
- d. N/A--100% vesting of ALL contributions
 - e. Hours of Service Method with a computation period of
 - 1. Date of hire and anniversaries
 - 2. Plan Year
 - f. Elapsed Time Method
- Accrual Service**
- g. N/A--Only select if no service required (67c, 67d, 67f, 70j, 70k, 70m, 77a, 77b and 77d have not been selected)
 - h. Hours of Service Method based on Plan Year
 - i. Elapsed Time Method

28. **Hours of Service Method - Equivalencies:** Which equivalency in lieu of actual hours will be used... (automatic 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

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

30. **Skip to 31.**

31. **Eligible Class of Employees:**
- a. All Employees
 - b. Salaried Only Employees
 - c. All Except Commissioned Employees
 - d. Employees Compensated on an hourly basis

The following shall be excluded (select f. or all that apply at g. - l.):

- f. No exclusions
- g. Highly Compensated Employees
- h. Non-Highly Compensated Employees
- i. Leased Employees
- j. Union Employees
- k. Nonresident Aliens
- l. Participants in another Employer maintained Plan

(Name of Plan)

32. **Skip to 34.**

34. **Conditions for Eligibility:**
- Note:** Employees may make a one-time irrevocable election NOT to participate.
- a. Date of hire (no age or service req.) (skip to 37)
 - b. For first Plan Year **only**, anyone employed on last day of year is eligible; **thereafter...** (select service and age requirements below)
 - c. For all years, eligibility is as follows: (enter below)

Service Requirement

- d. No service required (only age)
- e. 6 months
- f. _____ months (not to exceed 12 months)
- g. 1 year
- h. 1 1/2 years (may not be selected with 401(k) feature (1m))
- i. 2 years (may not be selected with 401(k) feature (1m))

AND Age Requirement:

- j. None
- k. 20 1/2
- l. 21
- m. Other _____ (Max. 21)

Note: Suffix is not needed on insert data at 34m (e.g., use 21 instead of 21st)

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

- n. No--immediate participation on rehire (automatically selected if 34d selected OR 401(k) features are provided)
- o. Yes

Note: If option o. selected, 26a, 26b, 27b or 27c must be selected.

Note: If option h. or i. selected, 40a and 41n must be selected.

Note: If option d. selected, option j. may not be selected.

35. Skip to 37.

37. Entry Date--qualifying employees shall enter Plan as of

- 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 in which eligibility requirements are met
- e. 1st day of the Plan Year nearest date eligibility requirements are met
- f. 1st day of the Plan Year 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 34I)
- g. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met

39. Skip to 40.

40. Vesting Schedule (If the same schedule applies to ALL contributions, select the vesting schedule at 40 and N/A at 41 if 401(k) features have been chosen and multiple schedules are used, choose the vesting schedule at 40 that applies to the Employer's discretionary contributions and the schedule at 41 that applies to matching contributions) (Plan does not contain special effective date of PPA §904(c)(4) for retention of pre-PPA schedule for certain leveraged ESOPs)

- a. 100% upon entering Plan (satisfies top-heavy--automatically selected if 34h or 34i chosen)
- b. 4-year graded (25% per year--satisfies top-heavy)
- c. 5-year graded (20% per year--satisfies top-heavy)
- d. 3-year cliff (satisfies top-heavy)
- e. 6-year graded (2 years 20% then 20% per year--satisfies top-heavy)
- f. Other (must in ALL years be at least as liberal as either d. or e.)

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

- 41. **AND,** Vesting Schedule for matching contributions shall be:
 - n. N/A--61a will be selected OR same as above (automatically selected if Plan does NOT include 401(k) provisions)
 - a. 100% upon entering Plan
 - b. 4-year graded (25% per year)
 - c. 5-year graded (20% per year)
 - d. 3-year cliff
 - e. 6-year graded (2 years 20% then 20% per year)
 - f. Other (must in ALL years be at least as liberal as either d. or e.)

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

Note: The vesting schedules at 40 and 41 apply to contributions other than Salary Reductions and ADP Safe Harbor Contributions which are always 100% vested.

42. Did the matching contribution Vesting Schedule before 2002 satisfy one of the EGTRRA Vesting Schedules?

- a. N/A--New Plan (10a) OR no matching contributions before 2002 (61a will be selected) (automatically selected if 10a chosen or if Plan does NOT include 401(k) provisions) (skip to 43)
- b. No
- c. Yes (skip to 43)

If No, the EGTRRA Vesting Schedule will apply ONLY to participants who complete an Hour of Service in a Plan Year beginning after December 31, 2001 AND the...

- d. Post-EGTRRA Vesting Schedule will apply to all prior and future matching contributions
- e. Pre-EGTRRA Vesting Schedule applies to matching contributions made prior to 2002 and post-EGTRRA Vesting Schedule applies to matching contributions made after 2001
- f. N/A--Plan already updated for EGTRRA (11a) AND Participant's account NO LONGER subject to a pre-2002 Vesting Schedule

Note: If options d. or e. selected, then the effective date of the EGTRRA matching contribution Vesting Schedule will be the first day of the Plan Year beginning after 2001.

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

- a. N/A--Top-Heavy always satisfied for all contributions (skip to 44)
- b. 100% upon entering Plan
- c. 3-year cliff
- d. 6-year graded
- e. 25% per year
- f. 20% per year

AND, the top-heavy Vesting Schedule applies to: (If Plan does NOT include 401(k) provisions, skip to 44)

- g. Matching Contributions
- h. Discretionary Stock Bonus Contributions
- i. Matching and Discretionary Stock Bonus Contributions

44. For vesting--exclude service prior to Effective Date

- a. No (automatically selected if 40a and 41n chosen)
- b. Yes

AND exclude service prior to 18th birthday

- c. No (automatically selected if 40a and 41n chosen)
- d. Yes

45. If Restated Plan, did prior vesting differ from new vesting? (automatic skip if new Plan)
- a. Vesting schedule has not been amended OR new schedule is more liberal in all years
- b. Yes, and prior vesting was...

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

46. Forfeitures shall occur...
- a. Earlier of distribution or five (5) 1-year breaks-in-service
- b. Only after five (5) 1-year breaks-in-service
- c. N/A--100% vesting (40a and 41n)

47. Skip to 48.

COMPENSATION

48. Compensation means:
- a. W-2 Wages subject to income tax
- b. IRC §3401(a) wages
- c. 415 Safe Harbor Compensation defined in Reg. 1.415-2(d)(10)
- Note: Options 48a, b. and c. (without regard to 49b - f.) determine the Plan's 415 Compensation.

And Compensation will be based on the following determination period:

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

And 415 Compensation will be adjusted as follows (select all that apply):

- g. The following post-severance 415 Compensation provisions will apply (select all that apply):
- Leave cashouts **will be** included
 - Deferred compensation **will be** included
 - Salary continuation payments for military service Participants **will be** included (prior to the changes made by HEART, see 116) (may only be selected with 11b)
- h. The last paycheck 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)

49. OR, Compensation selected above excluding (select o. or all that apply at a. - f.)

- a. No exclusions
- a. All items listed in Reg. 1.414(s)-1(c)(3)
- b. Exclude compensation paid during determination period prior to becoming a Participant in the component of the Plan for which the definition applies
- c. Exclude overtime
- d. Exclude all bonuses
- e. Exclude commissions
- f. Exclude compensation in excess of \$ _____

Plan Compensation shall include salary reductions made pursuant to IRC §§125, 132(f)(4), 402(e)(3), 403(b), 402(h)(1)(B), 414(v), 457(b) AND 414(h)(2)

- g. No
- h. Yes
- i. N/A--Employer does not maintain such Plans

AND, for purposes of Safe Harbor 401(k) Contributions (57b), Plan Compensation shall be recognized as of:

- j. N/A or same as above
- k. First day of the year
- l. Entry date selected in 37

AND, the following post-severance Compensation adjustments will be made to Compensation for benefit purposes

- m. All post-severance Compensation is excluded from Compensation.
- n. The following post-severance Compensation is included in Compensation (select all that apply):
- The post-severance Compensation items that are required to be included in 415 Compensation are included in Compensation
 - Leave cashouts are included in Compensation
 - Deferred compensation is included in Compensation
 - Salary continuation payments for military service Participants are included in Compensation for determination periods beginning before January 1, 2009 (i.e., prior to the changes made by HEART, see 116) (may only be selected with 11b)

50. However, for salary deferral AND, if selected, matching purposes, Compensation shall be adjusted by...

- a. N/A--Same as 49a thru 49f (automatically selected if Plan does NOT include 401(k) provisions) (skip to 52)
- b. Yes, there is a different definition

Select all that apply at d. thru g., OR select only c.

- c. No exclusions (may not be selected with 49o)
- d. Exclude Compensation paid during determination period prior to becoming a Participant in the component of the Plan for which definition applies
- e. Exclude overtime
- f. Exclude all bonuses
- g. Exclude commissions

AND, the following post-severance Compensation adjustments will be made to Compensation for deferral (and, if applicable, matching contribution) purposes.

- h. All post-severance Compensation is excluded from Compensation
- i. The following post-severance Compensation is included in Compensation (select all that apply):
- The post-severance Compensation items that are required to be included in 415 Compensation will be included in Compensation
 - Leave cashouts **will be** included in Compensation
 - Deferred compensation **will be** included in Compensation
 - Salary continuation payments for military service Participants **will be** included in Compensation until January 1, 2009 (prior to the changes made by HEART, see 116)

51. Skip to 52.

SALARY REDUCTION

52. Employee Salary Reduction Election:

Employee may elect to have Compensation reduced by:

- a. N/A (401(k) feature not selected) (skip to 71) (may not be selected with 50b)
- b. Up to _____%
- c. From _____% to 1. _____%
- d. Up to the maximum percentage allowed

AND, participants who are Highly Compensated Employees (HCEs) determined as of the beginning of the Plan Year may elect to defer compensation by...

- e. same as above
- f. up to _____%

Employee may elect to have Bonuses reduced by:

- g. N/A--same as above
 h. Yes, up to _____% of any Bonus

The Percent of Compensation that may be reduced applies to...

- i. payroll period compensation
 j. annual compensation

53. Effective Date of salary reductions:

- a. New Plan (10a)--same date as 16a
 b. Amendment and restatement (10b)--same date as 16b (salary reductions provided in prior plan)
 c. Other _____
 (e.g., January 1, 2007)

54. Modifications to Salary Reduction Elections only permitted prior to beginning of

- a. Each Plan Year (annually)
 b. First day of Plan Year and first day of seventh month (semi-annually)
 c. Each Plan Year quarter
 d. Any pay period (no limitation)
 e. Each month

AND, salary reductions may be invested AND distributed in Company Stock...

- f. No
 g. Yes

Note: The Plan provides that salary reductions are Employer contributions which may be used to pay an exempt loan. However, DOL indicates that the use of salary reductions in this manner violates the exclusive benefit rule and would therefore be a prohibited transaction. Caution should be exercised when using salary reductions to pay an exempt loan. IRS Letter Ruling 9503002.

55. Catch-up contributions. May eligible Participants make catch-up contributions?

- a. No (skip to 56)
 b. Yes

If 61b or 61c will be selected, will catch-up contributions be taken into account in applying any matching contribution under the Plan? (Catch-up contributions will automatically be matched if Safe Harbor Matching (58a or 58b) selected)

NOTE: If the Plan permits matching contributions in addition to any safe harbor contributions, to be an ACP Safe Harbor, catch-up contributions must be matched.

- c. No or N/A
 d. Yes (may not be selected with 61a)

...AND, if a limit is imposed on the amount of deferrals that may be made (i.e., 52b, 52c or 52f), are catch-up contributions aggregated with other Elective Deferrals in applying such limits?

- e. No or N/A. There are no limits or catch-up contributions may be made in addition to any imposed limits
 f. Yes. (If selected, the limit at 52a or b. must not be less than 75% of Compensation)

56. Roth 401(k) Contributions. May Participants designate all or a portion of their Elective Deferrals as Roth Elective Deferrals?

- a. No (skip to 57)
 b. Yes

Effective Date. If Yes, then a date is entered below, Roth Elective Deferrals are permitted under the Plan as of the later of the Effective Date of this Plan or, if this is a restatement, the effective date of the restatement. (enter a date at 1. below or leave blank if default date applies)

1. Special effective date _____

AND if yes (56b), does the Plan permit In-Plan Roth Rollovers?

- c. No (skip to 57)
 d. Yes

AND if yes (56d), then any Participant may elect an In-Plan Roth Rollover by direct rollover except that, if elected below, a Participant must also be an Employee at the time of the In-Plan Roth Rollover (select all that apply)

- e. In-service distribution only. Only Participants who are Employees may elect an In-Plan Roth Rollover
 f. No transfer of loans. Loans may not be distributed as part of an In-Plan Roth Rollover (may not be selected with 89a)

In-service distribution provisions. The Employer elects the following regarding in-service distributions from the Plan solely for purposes of making an In-Plan Roth Rollover (select one):

- g. Existing in-service distribution provisions apply. The Plan's existing in-service distribution provisions apply (skip to 57)
 h. Deemed In-service distribution provisions. The Employer elects to permit in-service distributions as follows solely for purposes of making an In-Plan Roth Rollover. Regardless of any election below to the contrary, In-Plan Roth Rollovers are not permitted from a Participant's Elective Deferral Account, Qualified Matching Contribution Account, Qualified Nonelective Contribution Account and accounts attributable to ADP test safe harbor contributions prior to age 59 1/2 (Select one or more of 1. through 4.):

1. The Participant has attained age _____.
2. The Participant has _____ months of participation (specify minimum of 60 months).
3. The amounts being distributed have accumulated in the Plan for at least _____ years (at least 2).
4. Other (describe): _____
 (must be definitely determinable and not subject to Employer discretion (e.g., Age 50, but only with respect to non-elective contributions, and not matching contributions)).

Source of In-Plan Roth Rollover. The Plan permits a direct rollover from any qualifying source unless otherwise elected below (select one).

5. All qualifying Accounts
6. A Participant may only elect an In-Plan Roth Rollover from the following qualifying sources (select one or more from a. through f.):
 - a. Pre-Tax Elective Deferral Account (may not be selected unless 1n)
 - b. Account(s) attributable to Employer matching contributions (including ADP safe harbor matching contributions) (must select 61b or 61c)
 - c. Account attributable to Employer profit sharing contributions (may only be selected with 71a, 71b, 71c, or 71d)
 - d. Qualified Nonelective Contribution Account (including ADP test safe harbor contributions) (may only be selected with 1m)
 - e. Rollover Account (may only be selected with 86b or 86c)
 - f. Other: _____
 (specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion)

Other provisions regarding direct In-Plan Roth Rollovers: (select one)

7. No other provisions
8. Apply the following provisions (select one or more from a. through c.
 - a. The minimum amount that may be rolled over is \$_____ (may not exceed \$1,000).
 - b. Distributions may only be made from accounts which are fully Vested (may not be selected with 40a).
 - c. In-service distributions may be made subject to the following provisions: (describe): _____
 (must be definitely determinable and not subject to discretion)

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

9. Distribution for withholding also permitted. A Participant may elect to take a distribution solely for purposes of federal or State income tax withholding related to the In-Plan Roth Rollover.

Implementation of In-Plan Roth Rollover Contributions. These provisions first became effective on the date of this document unless elected otherwise below:

- i. Effective date: _____
(cannot be earlier than 9/28/10 and cannot be prior to the time that the plan permitted Roth deferrals in operation)

Cessation of In-Plan Roth Rollover Contributions. If elected, the provisions described above ceased as of the specified date:

- j. Effective date of cessation of In-Plan Roth Rollovers:

In-Plan Roth Transfers. Does the Plan permit In-Plan Roth Transfers? (if k. not selected below, skip to 57) NOTE: The plan will not reflect these provisions until they are listed on the IRS Cumulative List. These provisions will be reflected only in the SPD and forms. A separate amendment should be timely adopted.

- k. Yes (applies only if Roth Elective Deferrals (56b) are permitted; answer a. - d. as applicable)

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

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

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

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

Other limitations on In-Plan Roth Transfer

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

57. **Should 401(k) Safe Harbor Contributions** be made--IRC §§401(k)(12) and (m)(11)?

- a. No (skip to 61)
b. Yes

Indicate the 401(k) Safe Harbor Contribution for the Plan Year beginning on... (answer c. and select one from 58a - d.)

- c. _____
(Ex. January 1, 2007) AND every year thereafter until amended...

58. **The 401(k) Safe Harbor Contributions are...**

- a. Basic Matching Contribution determined for...
1. the entire year
 2. each payroll period
 3. all payroll periods ending with or within each month
 4. all payroll periods ending with or within a Plan Year quarter
- b. Enhanced Matching Contribution equal to _____% (not less than 100% of salary reduction contributions that do not exceed... (answer 1. or 2. below)
1. N/A--the ACP test will apply (skip to b5 - b8)
 2. _____% (if over 6% the ACP test will apply) of compensation ...plus... (answer b3 OR b4, b4a and b4b)
 3. N/A--no additional contribution (skip to b5 - b8)
 4. _____% of salary reduction contributions that exceed (answer a. and b.)
 - a. _____% of compensation, but do not exceed
 - b. _____% of compensation (if over 6% the ACP test will apply)

The Enhanced matching contribution and compensation will be determined for...

5. the entire year
 6. each payroll period
 7. all payroll periods ending with or within each month
 8. all payroll periods ending with or within a Plan Year quarter
- c. Nonelective Contribution equal to...
1. _____% of compensation for the Plan Year
 2. A discretionary percentage of compensation for the Plan Year determined at least 30 days prior to the last day of the Plan Year
- d. Nonelective Contribution to _____ (name of other plan)

59. **AND, 401(k) Safe Harbor Contributions** will be made to...

- a. All participants who meet the conditions for eligibility (34) and attain the entry date (37)
b. Only NHCPs who meet the conditions for eligibility (34) and attain the entry date (37)
c. All participants who complete 1-year of service, AND attain age 21 and the entry date (37)
d. Only NHCPs who complete 1-year of service, AND attain age 21 and the entry date (37)
e. Other _____

Note: Must be a Highly Compensated Employee or an Employee who can be excluded under the permissive or mandatory disaggregation rules of Regulations §§1.401(k)-1(b)(4) and 1.401(m)-1(b)(4), e.g., all collectively bargained employees.

AND, if 59c – 59e selected, the entry date for the Safe Harbor contribution shall be:

- f. the same as Plan entry date
g. as follows:
1. date eligibility requirements are met
 2. 1st day of the Plan Year in which eligibility requirements are met
 3. 1st day of the Plan Year nearest date eligibility requirements are met
 4. Other _____
(e.g., "first day of month coincident with or next following the date the eligibility requirements are met, if still employed on that date")

Note: Enter the first day of the Plan Year for which the provisions are effective and, if necessary, enter any other special effective dates that apply with respect to the provision.

AND, do you want a Safe Harbor Notice?

h. Yes

The following information may be filled-in on the Safe Harbor Notice by entering the information below: (optional)

1. Safe Harbor Notice is effective...

For Plan Years beginning on _____

2. **Fax/Email.** Include additional information for plan administrator: (select all that apply - leave **2a** and/or **2b** blank if these will be completed in notice at a later time)

a. Fax _____

b. Email address _____

3. **Cover Letter.** Include Annual Notice cover letter

a. Date. Cover letter should be dated as follows (optional): _____

b. Employer Contact. Include name of person to contact _____

(optional): _____

i. No

60. Skip to 61.

MATCHING CONTRIBUTIONS

61. Employer Matching Contributions (other than 401(k) Safe Harbor Contributions (**57b**))

Employer matching contributions provided:

a. No (skip to **70**) (may not be selected with **41a - f.**, **42b - f.**, **55d** or **56h6b**)

b. Yes, discretionary matching amount

c. Yes, amount equal to _____% of salary reduction, plus

1. No additional contributions

2. Discretionary matching amount

Note: If **61b** or **61c** is selected, answer questions **62** through **69** for 401(k) matching contributions other than ADP safe harbor matching contributions.

62. Cap on Matching Contribution

a. No

b. Elective deferrals up to _____% of compensation will be matched

c. Elective deferrals up to \$_____ will be matched

AND, if 61b or 61c2 is selected with 401(k) Safe Harbor Contributions (57b), should discretionary matching contributions be limited to 4% of compensation?

d. No or N/A

e. Yes

Note: In order to satisfy the ACP test safe harbor, the Plan must provide for 401(k) safe harbor contributions (i.e., **57b**) AND matching contributions may not take into account deferrals over 6% of Compensation (i.e., **62b**) AND, any discretionary match MUST be limited to 4% of compensation (i.e., **62e**).

63. Skip to 64.

64. AND, if 401(k) Safe Harbor Contributions (57b) are selected with 61b or 61c, should the matching contribution selected in 61b or 61c be made for the Plan Year in which 401(k) Safe Harbor Contributions are made?

a. No or N/A

b. Yes

65. PERIOD OF DETERMINATION. Matching contributions will be determined on the following basis (and any Compensation or dollar limitation used in determining the match will be based on the applicable period):

a. The entire year

b. Each payroll period

c. All payroll periods ending within each month

d. All payroll periods ending within the Plan Year quarter

e. N/A. The match is discretionary and the Employer shall determine the calculation methodology at the time the match formula is determined

66. QMACs. Will the matching contributions be Qualified Matching Contributions?

a. No

b. Yes, ALL matching contributions will be fully Vested, subject to restrictions on withdrawals and may be used in either the ADP or ACP test. (may only be selected if match is fully vested)

67. Matching contributions to be made for:

a. all participants...

b. only NHCPs...

...who...

c. complete a Year of Service

d. complete a Year of Service and are actively employed on last day of Plan Year

e. are employed on last day of Plan Year

f. are actively employed on last day of Plan Year or have completed more than 500 Hours of Service prior to termination of employment

g. are employed at any time during the Plan Year

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

h. No

i. Yes (If selected, then the Plan must satisfy the ratio percentage test of IRC §410(b)(1)(B). Also, if Yes is selected, then questions **70p** and **78b**, if applicable, must also be selected.)

Note: "Period of Service" is substituted for "Year of Service" if Elapsed Time Method (**26b** or **27i**) is selected. If **67d** is selected, 3 consecutive months is substituted for 500 hours.

68. Skip to 69.

69. AND Forfeitures of matching contributions

a. N/A--100% vesting provided (automatically selected if **40a** AND **41n** OR **41a** chosen or **66b** chosen)

b. Use to reduce Employer matching contribution

c. Reallocated to all Participants based on comp

d. Reallocated only to NHCPs based on comp

Note: Plan allows forfeitures to pay expenses.

Note: If **41b - f.** OR **40b - h.** and **41n** chosen, then option **a.** may not be selected

QUALIFIED NON-ELECTIVE CONTRIBUTIONS

70. Qualified Non-Elective Contributions (other than 401(k) Safe Harbor Contributions (**57b**)): (fully vested, used for ADP or ACP)

Note: Plan document always includes optional QNECs to pass failed ADP or ACP test.

a. No (skip to **71**)

b. Yes, discretionary amount (skip to **f. - i.**)

c. Yes, amount equal to _____% of each Participant's compensation

AND, if 57b is selected with 70c, should QNECs be made for the Plan Year in which 401(k) Safe Harbor Contributions (57b) are made?

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

QNECs to be made for...

- f. all Participants...
- g. only NHCPs and Non-Key Employees...
- h. only NHCPs...
- i. only Non-Key Employees...

...who...

- j. complete a Year of Service
- k. complete a Year of Service and are actively employed on last day of Plan Year
- l. are employed on last day of Plan Year
- m. are actively employed on last day of Plan Year or have completed more than 500 Hours of Service prior to termination of employment
- n. are employed at any time during the Plan Year

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

- o. No
- p. Yes (If selected, then the Plan must satisfy the ratio percentage test of IRC §410(b)(1)(B). Also, if Yes is selected, then questions 67i and 78b, if applicable, must also be selected.)

Note: "Period of Service" is substituted for "Year of Service" if Elapsed Time Method (26b or 27i) is selected. If 67d is selected, 3 consecutive months is substituted for 500 hours.

EMPLOYER DISCRETIONARY CONTRIBUTIONS

71. Employer Discretionary Contribution:

- a. Limited to current or accumulated Net Profit
- b. Not limited to current or accumulated Net Profit

ESOP only: Employer's Required Contribution to Money Purchase Plan (automatic skip if 1n (Money Purchase Plan) NOT chosen):

- c. _____% of annual compensation
- d. _____% of annual comp. for the first Plan Year and
 - 1. _____% for each Plan Year thereafter

72. Stock Bonus only: Is Integrated Allocation to be used?

- (automatic skip to 74 if ESOP chosen)
- a. No (skip to 74)
 - b. Yes

Integrated Allocation: first allocate a non-integrated percentage of compensation to each eligible Participant

- c. No
- d. Yes (may NOT be selected with 73g)

AND, percentage equals...

- 1. 3%
- 2. 4%
- 3. 5%
- 4. 7.5%

73. Stock Bonus only: Integrated Allocations (automatic skip if 72b NOT chosen)

- a. 5.7% and TWB
- b. 5.7% and 20% of TWB
- c. 5.7% and \$_____ (equal to or less than 20% of TWB)
- d. 5.4% and 80% of TWB plus \$1.00
- e. 4.3% and \$_____ (greater than 20% of TWB but not in excess of 80% of TWB)
- f. 4.3% and _____% (not less than 21% nor more than 80%) of TWB
- g. Super integrated formula equal to _____% of Compensation, plus either 1. or 2. AND 3. or 4. below:
 - 1. _____% of Compensation above
 - a. \$_____
 - 2. Compensation to total of all Compensation in excess of \$_____

AND, when determining the gateway contribution, "415 Compensation" shall be recognized as of the:

- 3. First day of the Plan Year
- 4. Date participant entered the Plan

Note: If option a. thru f. is chosen, and 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).

74. Non-Integrated Allocations: (comp-to-comp allocation (74a) automatic for ESOP) (automatic skip if 72b chosen)

- a. Compensation to total of all Compensation
- b. Point System
 - 1. _____ points for each Year of Service after...
 - a. No limitation
 - b. _____ (insert date)
 - 2. _____ points for each \$100 of compensation
- c. New comparability formula:

Employer's designated contribution made to each CLEARLY DEFINED group shall be allocated compensation to total compensation. Each participant shall be included in one group...

 - 1. Group A: _____
 - 2. Group B: _____
 - 3. Group C: _____
 - 4. Group D: _____
 - 5. Group E: _____
 - 6. Group F: _____
 - 7. Group G: _____
 - 8. Group H: _____
 - 9. Additional Groups: _____

AND, when determining the gateway contribution, "415 Compensation" shall be recognized as of the:

- a. First day of the Plan Year
- b. Date participant entered the Plan

Note: If 74b1 selected, 26a, 26b, 27h or 27i must be selected.

75. Skip to 76.

76. Forfeitures of Employer Discretionary Contributions: allocate only to Participants in Plan...

- a. In current year based on compensation
- b. N/A--100% vesting provided (automatically selected if 40a chosen)
- c. Use to reduce Employer contributions
- d. Added to Employer's contribution and allocated together

Note: Plan allows forfeitures to pay expenses.

Note: If 40b - h. selected, then option b. may not be selected.

77. **Participants shall share** in the allocation of Employer discretionary contributions and forfeitures for a Plan Year
- If completed a Year of Service
 - If completed a Year of Service and actively employed on last day of Plan Year
 - If actively employed on last day of Plan Year
 - If actively employed on last day of Plan Year or have completed more than 500 Hours of Service prior to termination of employment
 - If employed at any time during the Plan Year
- Note:** "Period of Service" is substituted for "Year of Service" if Elapsed Time Method (**26b** or **27i**) is selected. If **67d** is selected, 3 consecutive months is substituted for 500 hours.
78. **AND**, should the IRC §410(b)(1)(B) ratio percentage fail-safe provisions be included?
- No
 - Yes (If selected, then the Plan must satisfy the ratio percentage test of IRC §410(b)(1)(B). Also, if Yes is selected, then questions **67i** and **70p**, if applicable, must also be selected.)

79. **Skip to 82.**

GENERAL PLAN PROVISIONS

82. **Method of allocating Trust earnings...**

Note: If daily valuations, select a.

- Beginning balance
- Ending balance...
 - Including contributions
 - Excluding YTD contributions
 - Excluding 1/2 YTD contributions
- Weighted average

83. **Top-Heavy provisions automatically included?**

- Yes (automatically selected)
- No

Top-Heavy Provisions: Defined Contribution Plan top-heavy minimum contribution earned by...

- Only Non-Key Employees
- All Participants

If DC & DB Plans are maintained, which Plan is to provide top-heavy minimum benefit?

- N/A--DC and DB Plans not maintained
- Defined Contribution Plan, with 5% minimum
- Defined Benefit Plan, with 2% minimum accrual
- Provide full top-heavy minimums in each Plan

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

84. **ADP & ACP Testing.** Methods for determining a NHCP's actual deferral ratio and actual contribution ratio

- No--**52** is N/A AND **88a** or **88b** selected (skip to **85**)
- Yes--Answer the following questions

If Yes, and this is a new Plan (**10a**) OR an amendment (**10b**) that is retroactive to the first day of the first Plan Year (options **16a** and **16b** have the same effective date) OR salary reductions are being added to the Plan (**53d**) with this amendment, for the first Plan Year use the following method to determine a NHCP's actual contribution ratio (select **2.** or **3.**)...

- N/A
- 3% for prior year
- Current year for the first Plan Year

Indicate whether the current OR prior year testing method is used to calculate the ADP...

Current and future years...

- N/A--401(k) feature doesn't exist (**1m** is NOT selected)
- Select testing method...
 - Current year
 - Prior year

Note: If safe harbor contributions selected, select the current year testing method.

Indicate whether the current OR prior year testing method is used to calculate the ACP...

Current and future years...

- N/A--No ACP test (**57b**, **61b**, **61c** AND **88c** NOT selected)
- Current year
- Prior year

Note: If safe harbor contributions selected, select the current year testing method.

85. **Highly Compensated Employee (HCE):** Include the definition of HCE in the Plan?

- No
- Yes--Must be selected if 401(k) features selected (**1m**), After-tax Voluntary contributions (**88c**) or loans (**89b**) have been chosen OR if HCE/NHCEs have been excluded (**31g**) OR, for Stock Bonus, if super integration (**73g**) or new comparability (**74c**) have been chosen

If Yes, select any that apply

- Top-paid group election: HCE only includes the top 20% of employees ranked by compensation
- Make the calendar year the "look-back year" when the Plan Year is NOT a calendar year--January 1 through December 31

86. **Transfers/Rollovers permitted**

- No (skip to **87**)
- Yes, by Participants only
- Yes, by Eligible Employees and Participants

If Yes, may distributions of transfers/rollovers be made at any time?

- No
- Yes

AND, should rollover contributions be **excluded** from determining the value of a Participant's nonforfeitable account balance for purposes of determining the involuntary cash-out threshold?

- No or N/A (should be selected if **103a** will be chosen)
- Yes

87. **Were deductible QVECs** permitted prior to 1/1/87? (skip if **10a**)

- No OR N/A--New Plan effective after 12/31/86
- Yes

88. **Are after-tax voluntary contributions** permitted?

- No
- No, but include language for pre-1/1/87 accounts
- Yes

Note: If **88c** and safe harbor contributions (**57b**) are selected, after-tax voluntary contributions are still subject to ACP testing.

89. May Participant loans be made?

- a. No
- b. Yes, up to \$50,000 or 1/2 vested interest
AND, if Yes, other loan limitations and rules (select 1. or all that apply at 2. - 7.)
 - 1. None
 - 2. Loans are participant-directed investment
 - 3. Loans only for hardship/financial necessity
 - 4. Include de minimis \$10,000 loans regardless of vested percentage
 - 5. Minimum loans of \$ _____ (e.g., \$1,000)
 - 6. Limit outstanding loan(s) per Participant to...
 - a. one (1)
 - b. _____ (e.g., two (2))
 - 7. Loans limited to salary reductions

90. Are Directed Investments permitted, or for an ESOP, are directed investments allowed prior to required diversification under IRC §401(a)(28)?

- a. No
- b. Yes

ESOP only: Required diversification under IRC §401(a)(28) shall include:

- c. Distribution in cash only
- d. At Participant's election, distribution in cash or Company Stock
- e. Three investment options
- f. Both c. and e.
- g. Both d. and e.

91. Life Insurance may be purchased

- a. No
- b. Yes, at Administrator's option
- c. Yes, at option of each Participant

92. Skip to 93.

RETIREMENT, DISABILITY, DEATH AND TERMINATION

93. Normal Retirement Age (NRA) is

- a. _____ birthday (not to exceed 65th)
- OR**, if later the
- 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
- 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

94. Normal Retirement Date (NRD) begins on the...

- 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
- d. Anniversary Date nearest NRA
- e. Participant's NRA

Participants employed past Normal Retirement Date may elect to receive payment of their account balance immediately

- f. No
- g. Yes

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 _____ (no service)
- e. age _____ (with service)

AND, completion of

- 1. _____ Years of Service

96. Disability of Participants to be determined...

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

97. AND, Participants shall share in allocations in year of disability

- a. No, regardless of hours of service
- b. Yes, regardless of hours of service

Participants terminating by reason of early or normal retirement to share in Allocations in year of retirement

- c. No, regardless of hours of service
- d. Yes, regardless of hours of service

Deceased Participants to share in allocations in year of death

- e. No, regardless of hours of service
- f. Yes, regardless of hours of service

98. Skip to 99.

DISTRIBUTIONS

99. If the Employer is an S Corporation (7a) OR was an S Corporation at any time on or after the effective date of this amendment (16b), should distribution of Company Stock be permitted?

- a. N/A (may not be selected with 7a)
- b. No
- c. Yes

100. Plan Distribution Options

- a. Lump sum & installments
- b. Lump sum only

101. If installments selected (100a), should the Participant's Company Stock Account be distributed in installments over a period NOT longer than five years, unless the participant elects a longer period - IRC 409(o)(1)(C)

- a. No or N/A if b. selected (automatically selected if 100b chosen)
- b. Yes

If installments NOT selected (100b), should installments be allowed for 401(a)(9) Minimum Required Distributions?

- c. No or N/A (automatically selected if 100a chosen)
- d. Yes

102. Termination distribution--For amounts over \$5,000, distributions may be made...

- a. Only upon death, disability, retirement, or required by IRC §409(o)
- 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

For amounts of \$5,000 or less, distributions may be made...

- f. Same as above
 g. As soon as feasible after termination of employment
 h. Only after Participant incurs 1-year break-in-service
 i. On or after the Anniversary Date following termination of employment

103. Participant consent (i.e., mandatory distributions).

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

Should vested account balances less than a certain dollar threshold be automatically distributed without Participant consent (mandatory distributions)?

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

Note: If 2. or 3. is selected, rollovers will be included in determining the threshold for Participant consent regardless of election made at **86g**.

104. 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 (automatically selected if **100b AND 101c** chosen)
 c. be made within 5 years for nonspouse, with spousal exception*
 d. be made pursuant to election of participant or beneficiary

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

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

106. Minimum Distributions: The required beginning date shall be the later of age 70 1/2 or retirement (except for 5% owners) unless otherwise elected below... (leave blank if defaults apply)

- a. _____
 (enter pre-GUST provisions ONLY if the pre-GUST provisions are to be retained - may only be selected if Plan was effective prior to 12/31/1996)

108. Hardship Distributions

- a. No (skip to **109**)
 b. Yes, all contributions if account is 100% vested
 c. Yes, limited to vested portion of account
 d. Yes, limited to elective deferrals only if 401(k) feature selected

Note: Hardship distributions will also include distributions from a Participant's Transfer/Rollover Account if **86d** is selected.

...AND hardship shall be determined based upon

- e. N/A (automatically selected if Plan does NOT include 401(k) provisions)
 f. Safe Harbor standards of 401(k) Regulations
 g. Facts and circumstances
 h. At the Administrator's discretion, **f.** or **g.** above

109. In-service distributions allowed, if Participant attained...

- a. No (skip to **110**)
 b. age _____ and account is 100% vested
 c. age _____, regardless of 100% vesting

AND, if **b.** or **c.** selected, only if (select **d.** OR **e.** and/or **f.**)...

- d. No
 e. the Participant has been a Participant for at least _____ years (may not be less than five (5)) (ex. five (5))
 f. the amounts to be distributed have accumulated in the Plan for at least two (2) years

PROVISIONS FOR BOTH ESOP AND STOCK BONUS

110. For Plan in existence prior to January 1, 1987, a separate accounting will be maintained for Company Stock acquired after such date...

- a. N/A--New Plan effective after December 31, 1986
 b. No, Participant's entire account will be subject to TRA '86 distribution, payment and, for ESOP, diversification rules
 c. Yes

111. Does the Employer's charter or by-laws restrict stock ownership to Employees or Trust?

- a. No
 b. Yes (Plan will not permit distributions of stock)

Put options to be included

- c. No (May be selected provided Employer is an S Corporation, Employer Company Stock is publicly traded, Employer is a bank prohibited by law from purchasing its own stock, or where the Employer charter or by-laws restrict stock ownership.)
 d. Yes

AND, include Right of First Refusal on sale of Company Stock

- e. No
 f. Employer is granted right of first refusal

Company Stock with no pass-thru voting rights will be exercised by the:

- g. Administrator
 h. Trustee

ESOP ONLY PROVISIONS

(Stock Bonus skip to **116.**)

112. Company Stock shall be released from encumbrance based upon:

- a. N/A--nonleveraged ESOP
 b. Principal and interest
 c. Principal only

AND, to the extent a Participant's account includes Employer stock acquired with proceeds of an exempt loan, may distribution of such stock be made prior to the loan being repaid - IRC §409(o)(1)(B)

- d. No or N/A
 e. Yes

113. Was any Company Stock acquired by, or transferred to, the Plan in connection with a securities acquisition loan - IRC §133(b)?

- a. No or N/A
 b. Yes

114. Prohibited allocation of ESOP Stock (IRC §409(p)). Is this an ESOP maintained by an S Corporation?

- a. N/A--Plan has always been maintained by a C Corporation (skip to **115.**) (may not be selected with **7a**)
 b. Yes (Plan will include IRC §409(p) provisions).

AND, is the triennial election being used (Reg. §1.409(p)-1)?

- c. No
d. Yes,

If Yes, the "determination date" shall be:

1. The first day of the Plan Year.
2. _____ (enter any other reasonable determination date or dates during a plan year). AND, the first "determination date" to which this provision applies is
a. _____ (enter date and year)

115. Should participants and beneficiaries be permitted to reinvest cash dividends in Company Stock?

- a. No
b. Yes

Note: The participant's and beneficiary's election to reinvest cash dividends in Company Stock occurs after the Administrator makes an election NOT to use cash dividends to repay an exempt loan, if applicable.

IRS REQUIRED PROVISIONS

116. PPA/HEART Elections

- a. No optional provisions (skip to 117)
b. Yes, include the following (select all that apply)
1. Hardship distributions for beneficiary expenses (See IRS Notice 2007-7) (may only be selected if hardship distributions selected). This provision is effective as of August 17, 2006 unless another date is elected below
2. Qualified Reservist Distributions. This provision is effective as of September 11, 2001 unless another date is elected below. Indicate effective date of provisions: (may only be selected with 401(k) feature)

PPA Vesting Schedule. Did pre-PPA Employer Discretionary Contributions vest in all years at least as rapidly as either 3-year cliff OR 6-year graded?

- c. Yes (skip to next question)
d. No

Shall the new (PPA) schedule (shown at 40) apply to all nonelective contributions regardless of when made? (NOTE: The PPA vesting schedule will only apply to Participants who complete an hour of service in a Plan Year after December 31, 2006)

1. N/A--Plan initially effective after December 31, 2006
2. Yes, new vesting schedule applies to all prior and future contributions
3. No, prior vesting schedule applies to contributions made in Plan Years prior to 2007 and new vesting schedule applies to contributions made in Plan Years after December 31, 2006

HEART Act Provisions

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

- e. Provide for continued benefit accruals

Differential pay. Military Differential Pay will be treated as compensation for all Plan benefit purposes unless elected below: (skip to 116 g.-h. if 1n)

- f. In lieu of the above default provision, the employer elects the following (select all that apply):
1. the inclusion only applies to Compensation for purposes of Elective Deferrals (may be selected only if 1m selected).
2. do not include such compensation for any purpose.

Distributions for deemed severance of employment. The Plan permits distributions unless otherwise elected below:

- g. The Plan does not permit such distributions.
h. The Plan permits such distributions. (may not be selected with 1n)

WRERA (RMD waivers for 2009). RMDs were delayed unless an election was made by a participant, unless otherwise elected below: (select one or leave blank if not applicable)

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

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

- l. 2009 RMDs and Extended 2009 RMDs
m. 2009 RMDs but only if paid with an additional amount that is an eligible rollover distribution without regard to IRC §401(a)(9)(H).

SUMMARY PLAN DESCRIPTION INFORMATION

(If no SPD ordered, do not complete 117 and 118)

117. Should Plan Expenses attributable to a specific participant be allocated to such participant?

- a. No (skip to 118)
b. Yes (Unless indicated at b1 below, an Appendix for Plan Expense Allocations will appear at the end of the 8.5 x 11 summary. This in addition to language that will be added to the SPD.)

Appendix (select if applicable)

1. Do NOT include an Appendix for Plan Expense Allocations. (skip to 118)

If Yes, select the plan expenses that may be assessed against an individual participant's account (select c. or all that apply at d. - q.) (automatic skip if b1 selected)

- c. N/A--not known or appendix will be completed later
d. Lump sum distribution following termination. Amount: \$ _____
e. Limitation on small account distributions. The Plan will not charge any fee for processing a distribution if participant's vested account balance does not exceed \$ _____
f. Administrative processing fee to eliminate certain small account distributions
g. Participant loan. (applies only if 89b selected) (select all that apply)
1. Amount of application fee: \$ _____
2. Amount of annual maintenance fee: \$ _____
h. Installment distribution. Amount: \$ _____ (applies only if 100a or 101d selected)
i. QDRO. Amount: \$ _____
j. Hardship distribution. Amount: \$ _____ (applies only if 108b, 108c or 108d selected)
k. In-service distribution. Amount: \$ _____ (applies only if 109b or 109c selected)
l. RMD. Amount: \$ _____
m. Participant direction of investment: brokerage account option. Amount: \$ _____ (applies only if 90b, 90e, 90f or 90g selected)
n. Benefit calculation. Amount: \$ _____
o. Other (describe) _____
p. Other (describe) _____
q. Other (describe) _____

118. Rollovers. Do you want an Appendix to check off which rollover sources will be accepted by the Plan?

- a. No or N/A--(automatically selected if 86a chosen)
b. Yes (The Appendix for Rollovers From Other Plans will appear at the end of the 8.5 x 11 summary.)

If Yes, the Plan will accept participant rollover contributions and/or direct rollovers of distributions from the types of plans specified below:

- c. N/A--not known or appendix will be completed later
- d. Direct rollovers
 The Plan will accept a direct rollover of an eligible rollover distribution from: (select each that applies)
 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
 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
 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
 7. a Roth elective deferral account under a qualified plan described in IRC §401(a) (a 401(k) plan)
 8. a Roth elective deferral account under an annuity contract described in IRC §403(b) (a tax-sheltered annuity)
 9. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

- e. Participant Rollover Contributions from Other Plans
 The Plan will accept a participant contribution of an eligible rollover distribution: (select each that applies or none.)
 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)

- f. will
 - g. 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.

- 119. Automatic Deferral Elections:** Should Participants who do not affirmatively elect to receive cash or have a specified amount of their compensation contributed to the Plan, automatically have compensation reduced? (automatic skip if **1m** NOT selected)
- a. No (skip to **135**)
 - b. Yes, by _____ % of compensation (select **c.** or **d.**)

Negative elections are effective (first day of Plan Year)...

- c. N/A--New Plan (**10a**) OR Amendment and Restatement (**10b**) with the effective date same as the Effective date of this restatement (**16b**)
- d. _____ (ex. January 1, 2007)

120. Skip to 135.

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)

5300 TAX FORM

135. Do you want the 5300 submission instructions?

- a. No
- b. Yes

136. 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? **For additional information refer to the IRS instructions for Form 5300.**

- a. Yes
- b. No or N/A (automatically selected if Form 5300 NOT chosen) (skip questions 137 - 154)

137. 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 _____

138. (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 139)

OR

- 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 name _____
- l. Foreign Province/country _____
- m. Foreign postal code _____

139. (3a(1)) Determination requested for:

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

(3b) If Initial Qualification:

- d. Date plan initially adopted _____ (MMDDYYYY)

(3a(2)) Select one below:

- e. Affiliated Service Group
- f. Leased employee
- g. Partial termination
 - 1. date of the partial termination _____ (MMDDYYYY)
- h. 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 141)
- l. Not known (skip to 141)

(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 DC plans
- s. Not known

140. (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. DC pre-approved plan, or an individually designed DC plan that is eligible for the six-year remedial amendment cycle (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

141. (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

142. (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

- 143. (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 144)
 - 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 144)

(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

- 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(4)) Amendment 4

- 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) _____

144. (3o) Designate the IRS Form that the employer uses to file its return

- a. _____

(4d) Plan's original effective date:

- b. _____ (MMDDYYYY)

(4e) Number of Participants

- c. _____

145. (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

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

- 1. Yes
- 2. No
- 3. Not known
- b. No
- c. Not known

(5c2) If there has been a change to the corporate status from C to S or S to C (election/revocation), provide the effective date of such change: (skip unless 7d)

- d. _____ (MMDDYYYY)

146. (6a(1)) Is the plan sponsor a member of an ASG, controlled group or 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 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

147. (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

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

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

148. (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

(9e) List the plan section(s) that satisfy the design-based safe harbor (including, if applicable, the permitted disparity requirements):

d. _____

- 2. No
- 3. Not known
- 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

149. (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

150. (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 153)
- c. Not known (skip to 153)

151. (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 152)
- c. Not known (skip to 152)

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

152. (16c(1)) Does the plan sponsor maintain a DB plan that covers non-key employees who are also covered under this plan?

- a. Yes
- b. No (skip to 153)
- c. Not known (skip to 153)

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

153. (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

(18) Are trust earnings and losses allocated on the basis of account balances?

- d. Yes
- e. No (attach a statement explaining how they are allocated)
- f. Not known

154. (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) Internal Revenue Service, (2) Department of Labor, (3) PBGC, (4) Any court (including bankruptcy), or (5) The Voluntary Correction Program of the Employee Plans Compliance Resolution System
- a. Yes (attach a statement with the contact person's name (IRS Agent, DOL Investigator, etc.) and telephone number)
- b. No
- c. Not known

155. Skip to 157.

SUPPLEMENTAL PARTICIPATION AGREEMENT

157. Supplemental Participation Agreement Requested. The SPD will include these adopting employers.

- a. No (skip to end of checklist)
b. Yes (may only be selected with 23b)

First Adopting Employer

1. (Name)
2. (Street)
3. (City, State Zip)
4. (ID No)

158. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
b. No, the Plan Year of this Participating Employer
begins on
1. and ends on

159. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
b. No, the Fiscal Year of this Participating Employer
begins on
1. and ends on

160. Is First Adopting Employer a corporation?

- a. Yes
b. No

161. Will there be a Second Adopting Employer?

- a. No (skip to end of checklist)
b. Yes

Second Adopting Employer

1. (Name)
2. (Street)
3. (City, State Zip)
4. (ID No)

162. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
b. No, the Plan Year of this Participating Employer
begins on
1. and ends on

163. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
b. No, the Fiscal Year of this Participating Employer
begins on
1. and ends on

164. Is Second Adopting Employer a corporation?

- a. Yes
b. No

165. Will there be a Third Adopting Employer?

- a. No (skip to end of checklist)
b. Yes

Third Adopting Employer

1. (Name)
2. (Street)
3. (City, State Zip)
4. (ID No)

166. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
b. No, the Plan Year of this Participating Employer
begins on
1. and ends on

167. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
b. No, the Fiscal Year of this Participating Employer
begins on
1. and ends on

168. Is Third Adopting Employer a corporation?

- a. Yes
b. No

169. Will there be a Fourth Adopting Employer?

- a. No (skip to end of checklist.)
b. Yes

Fourth Adopting Employer

1. (Name)
2. (Street)
3. (City, State Zip)
4. (ID No)

170. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
b. No, the Plan Year of this Participating Employer
begins on
1. and ends on

171. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer begins on _____
1. and ends on _____

172. Is Fourth Adopting Employer a corporation?

- a. Yes
- b. No

173. Will there be a Fifth Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Fifth Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

174. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer begins on _____
1. and ends on _____

175. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer begins on _____
1. and ends on _____

176. Is Fifth Adopting Employer a corporation?

- a. Yes
- b. No

177. Will there be a Sixth Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Sixth Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

178. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer begins on _____
1. and ends on _____

179. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer begins on _____
1. and ends on _____

180. Is Sixth Adopting Employer a corporation?

- a. Yes
- b. No

181. Will there be a Seventh Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Seventh Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

182. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer begins on _____
1. and ends on _____

183. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer begins on _____
1. and ends on _____

184. Is Seventh Adopting Employer a corporation?

- a. Yes
- b. No

185. Will there be an Eighth Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Eighth Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

186. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer begins on _____
1. and ends on _____

187. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer begins on _____
1. and ends on _____

188. Is Eighth Adopting Employer a corporation?

- a. Yes
- b. No

189. Will there be a Ninth Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Ninth Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

190. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer
begins on _____
1. and ends on _____

191. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer
begins on _____
1. and ends on _____

192. Is Ninth Adopting Employer a corporation?

- a. Yes
- b. No

193. Will there be a Tenth Adopting Employer?

- a. No (skip to end of checklist.)
- b. Yes

Tenth Adopting Employer

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____
(City, State Zip)
- 4. _____
(ID No)

194. Is the Plan Year of this Participating Employer the same as the Employer Plan Year?

- a. Yes
- b. No, the Plan Year of this Participating Employer
begins on _____
1. and ends on _____

195. Is the Fiscal Year of this Participating Employer the same as the Employer Fiscal Year?

- a. Yes
- b. No, the Fiscal Year of this Participating Employer
begins on _____
1. and ends on _____

196. Is Tenth Adopting Employer a corporation?

- a. Yes
- b. No