

PARTICIPATION AGREEMENT

75. Do you want to enter information for the Employers who are adopting the Plan as Participating Employers?
(skip to 104 if 3b3 or 3d have not been selected)

- a. No
- b. Yes, enter the short form Participation Agreement information (answer all that apply at 76-95)

AND, (select all that apply)

- 1. list the Participating Employers in the SPD (and in the Notice to Interested Parties if this is a Volume Submitter Plan with modifications) (Participating Employers who have ceased participation will not be included)
- 2. include short form Participation Agreements for Participating Employers (an adopting resolution and a funding policy are included for each Participation Agreement unless otherwise selected below)

Include only one of the following form(s) (these will appear only once at the end of the Participation Agreement file) (select all that apply):

- a. Adoption Resolution
- b. Funding Policy and Method

Include long-form Participation Agreement?

(for Non-Standardized and Volume Submitter plans only; leave blank if not applicable)

- c. Yes (system will only generate one blank participation agreement) (if a. selected above, skip to 104)

76. FIRST PARTICIPATING EMPLOYER INFORMATION

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

PLAN STATUS

- f. New adoption
- g. Restatement
- h. Restatement and merger

EFFECTIVE DATE(S) (complete i. if new plan; complete i. AND j. if an amendment and restatement; complete i. - k. if plan is being merged)

- i. **Initial Effective Date of Plan** _____
(enter month day, year)

Restatement Effective Date. If this is an amendment and restatement, enter effective date of the restatement.

- j. _____ (enter month day, year)

Merger. This is a merger into this Plan.

- k. Effective date of merger: _____
(enter month day, year)
- 1. Name of plan being merged into this Plan: _____

Additional Effective Dates

- l. Cessation. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- m. Special effective dates: _____

**ALLOCATION OF CONTRIBUTIONS AND FORFEITURES
(for Non-Standardized and Volume Submitter plans only)**

Contributions and Forfeitures will be allocated together for Participating Employers (that are Affiliated Employers) unless a selection is made below (select all that apply at n. - p.; leave blank if none apply)

- n. Contributions (other than matching contributions) made by the Participating Employer will only be allocated to Participants employed by such Participating Employer.
- o. The Participating Employer may make a separate matching contribution on behalf of Participants employed by such Participating Employer.
- p. Forfeitures of amounts attributable to the Participating Employer will only be used for the benefit of the Participants of such Participating Employer.

Will there be a Second Affiliated/Participating Employer?

- q. No (skip to 104)
- r. Yes

NOTE: The Relius document system allows information to be entered for up to 20 Participating Employers. Repeat information above for each additional employer (see Questions 76-95)

Skip to 104.

OTHER PROVISIONS

104. Optional Provisions (if not applicable, skip to 110)

- a. **Include In-Plan Roth Transfers.** (applies only for 401(k) plans if Roth Elective Deferrals are permitted; answer 105 as applicable)

Effective date (may be left blank if same as Plan or Restatement Effective Date)

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

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

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

Other limitations on In-Plan Roth Transfer

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

5. Transfers may be made subject to the following provisions (describe): _____ (must be definitely determinable and not subject to Employer or Administrator discretion).

Skip to 110.

DOCUMENT REQUESTS

110. Do you want an Adoption Agreement?

- a. No
b. Yes

Font options for Adoption Agreement (default is 9pt times unless otherwise selected below)

1. 8.5pt Arial

E-Sign. Select the option below if the Adoption Agreement will be signed electronically (i.e., using an e-signature) (leave blank if not applicable)

- c. The Adoption Agreement will be signed electronically (if selected, "signed electronically" will be inserted in the signature lines of the Adoption Agreement)

Discretionary amendments. Include the following discretionary amendment(s)? (leave blank if not applicable)

- d. In-Plan Roth Transfers (applies only if 104a selected)

111. Volume Submitter plans (select one)

- a. Word-for-Word (No changes to Plan or Adoption Agreement).
b. Modified Plan or Adoption Agreement (a Nature and Effect is required if submitting to the IRS).

112. Basic Supporting Forms

- a. No basic forms
b. Includes all forms--SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices (402(f)), Administrative Forms with Guide, Resolution and Index (Tax Forms and Notice only included for Volume Submitter Plans with modifications)
c. Select Individual Forms
1. SPD-8.5 x 11
 - a. Short Form Q&A
 2. Resolution
 3. Annual Contribution Notices (applies only for 401(k) plans with SIMPLE, safe harbor or automatic contribution provisions)
 4. Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions)
 5. Tax Notices (402(f))
 6. Administrator's Guide
 7. Index
 8. 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)

113. Additional Supporting Forms (leave blank if not applicable)

- a. Also include the following forms:
1. Tax Forms (applies only for Volume Submitter plans with modifications)
 2. Notice to Interested Parties (applies only for Volume Submitter plans with modifications)
 3. Submission Instructions (Submission Forms) (applies only for Volume Submitter plans with modifications)
 4. Appendix for Plan Expense Allocations (appears at the end of the SPD) – (generally not needed if Plan permits directed investments)

5. Appendix for Rollovers From Other Plans (appears at the end of the SPD; applies only if plan accepts rollovers)

To the Administrator - explanation of Forms

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

- b. Do NOT include Administrator page with forms packages.

114. Format - Supporting Forms (if no selection is made defaults apply)

Font Options (default is 9pt times unless otherwise selected below)

- a. 8.5pt Arial

Drafting Preferences (default is single spacing, ragged margins unless otherwise selected below)

- b. Single, right justified
c. Double, ragged
d. Double, right justified

115. SPD (8.5 x 11). Include headers and/or footers? (leave blank if not applicable)

- a. 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.

Skip to 118

SUPPORTING FORMS INFORMATION

118. Additional contact information (if items are entered below, they will appear in the Supporting Forms in addition to the address and phone number; optional - may be skipped)

- a. Employer

1. Fax: _____
2. Email: _____

- b. Administrator (may only be selected with 11b)

1. Fax
 - a. _____
2. Email
 - a. _____

119. If Appendix for Plan Expense Allocations selected, the plan expenses that may be assessed against an individual participant's account may be included (select a. or all that apply at b. - o.) (skip unless 113a4 selected)

- a. No - not known or appendix will be completed later.
b. Distribution following termination. Amount: \$ _____
c. Limitation on small account distributions. The Plan will not charge any fee for processing a distribution if participant's vested account balance does not exceed \$ _____
d. Installment distribution. Amount: \$ _____ (applies only if installments selected under form of distributions)
e. Administrative processing fee to eliminate certain small account distributions.
f. Participant loan. (applies only if loans to participants are permitted)
 1. Amount of application fee: \$ _____
 2. Amount of annual maintenance fee: \$ _____
- g. QDRO. Amount: \$ _____
h. Hardship distribution. Amount: \$ _____ (applies only for 401(k) or Profit Sharing if hardship distributions are permitted)
i. In-service distribution. Amount: \$ _____ (applies only if in-service distributions are permitted)
j. RMD. Amount: \$ _____

- k. Participant direction of investment: brokerage account option. Amount: \$ _____ (applies only if Participant directed investments are permitted)
- l. Benefit calculation. Calculation of benefits, including determination of substantially equal payments. Amount: \$ _____
- m. Other (describe) _____
- n. Other (describe) _____
- o. Other (describe) _____

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

- a. Include amounts for the 2018 tax year as follows: (select all that apply) (a3 – a6 applies only for 401(k))
 - 1. Annual compensation limit (401(a)(17)): \$ _____
 - 2. 415 dollar limit: \$ _____
 - 3. Regular 401k deferral limit: \$ _____
 - 4. SIMPLE 401k deferral limit: \$ _____
 - 5. Regular 401k catch-up limit: \$ _____
 - 6. SIMPLE 401k catch-up limit: \$ _____

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

- b. Yes (select all that apply)
 - 1. Loans were permitted prior to _____
 - 2. Life Insurance was permitted prior to _____
 - 3. After-tax Voluntary Employee Contributions were permitted prior to _____ (applies only for 401(k) plans)

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

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

121. Annual Contribution and Annual Investment Notices. Include optional language (applies for plans with QDIA provisions and 401(k) plans with SIMPLE, safe harbor or automatic contribution provisions if 112b, 112c3 or 112c4 selected)

- a. **Effective date.** Fill in effective date of notice(s). Notice is effective for Plan Year beginning on: _____
- b. **Cover Letter.** Include Annual Notices cover letter (401(k) only - note if both Annual Contribution and Annual Investment Notices are provided, there will be a single cover letter unless 3. is selected below)
 - 1. **Date.** Cover letter should be dated as follows: (optional) _____
 - 2. **Employer contact.** Include contact name: (optional) _____
 - 3. **Separate letter for QDIA.** Include separate cover letter for Annual Investment Notice (QDIA) (only applies for 401(k) with QDIA AND SIMPLE, safe harbor or automatic contribution provisions).

Supplemental Safe Harbor Notification. Select all that apply (only for 401(k) plans with Safe Harbor Nonelective "maybe" contribution provisions)

- c. **Blank notice.** Include blank notice for future Plan Years.
- d. **Filled-in notice.** Include completed notice for current Plan Year (1. and 2. below must be completed)
 - 1. **Effective date.** Fill in effective date of notice. Notice is effective for Plan Year beginning on: _____ (month day, year).
 - 2. **Safe harbor nonelective contribution.** Employer has decided to: (Note: If b. or c. is selected, Plan must be amended.)
 - a. Not make a contribution

- b. 3% contribution. Amend the Plan to contribute 3% of compensation
- c. Stated contribution. Amend the Plan to contribute _____% (not less than 3%) of compensation

Amendment (only applies if 121.d.2.b. or d.2.c. chosen)

- e. Include amendment to implement a nonelective "ADP test safe harbor contribution"

122. QDIA Notice

(applies only for plans that include QDIAs; skip to 123 if information will be completed in participant notices at a later time)

- a. Complete QDIA information for participant notices (answer b. - h.)

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

- b. **Single primary QDIA.** (skip to d.) _____ (insert name of the QDIA)

QDIA characteristics (select all that apply)

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

- c. **Multiple primary QDIA.**

QDIA characteristics (select all that apply)

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

- 4. Description of investments

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. _____

Additional Investments (use additional lines if needed)

Year of NRA	Name of Investment
k. _____	1. _____
l. _____	1. _____
m. _____	1. _____
n. _____	1. _____
o. _____	1. _____
p. _____	1. _____
q. _____	1. _____
r. _____	1. _____
s. _____	1. _____
t. _____	1. _____
u. _____	1. _____
v. _____	1. _____
w. _____	1. _____
x. _____	1. _____
y. _____	1. _____

- d. **Transitional QDIAs** (select all that apply or leave blank if not applicable)
 - 1. Grandfathered (pre-12/24/07) QDIA: _____ (insert name)
 - 2. Short-term QDIA (120 day maximum): _____ (insert name)
- Short-term QDIA characteristics (select all that apply)
- a. Investment objectives: _____
 - b. Risk/return characteristics: _____
 - c. Fees/expenses: _____

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

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

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

- h. _____

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

- a. **Distribution Election Form** (Issuer of Automatic IRA). If the plan includes provisions for an Automatic IRA Rollover, include name and address of the financial institution where the IRA will be established (if left blank, the form will include blanks to complete the information at a later time)

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

124. Optional Index Information

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

Skip to 130.

FORM 5307 INFORMATION

IRS SUBMISSION REQUIREMENTS

If you are receiving Form 5307 with your document package, the following information may be answered on Form 5307 by completing the questions below. For additional information refer to instructions for Form 5307. The 5307 can only be used for the volume submitter plan if there are modifications to the plan or AA language.

130. Completion of Form 5307 for IRS submission (Form 5307 only applies for Volume Submitter plans with modifications)

- a. Yes
- b. No or N/A (skip remaining questions)

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

132. (2a) Person to contact if more information is needed. (If same as plan sponsor, select a. If other than plan sponsor, select b. AND complete 1. - 8. below.)

- a. N/A (Form 2848 will be filed) (skip to next question)
- OR
- b. Yes

- 1. _____
(Name)
- 2. _____
(Street)
- 3. _____ 4. _____ 5. _____ - 6. _____
(City) (State) (ZIP + 4)
- 7. **(2f)** Telephone number _____
- 8. **(2g)** Fax number _____

133. (3a) Determination requested for

- a. Initial Qualification
- b. Request after Initial Qualification

(3b) If line 3a is 1, please enter the date the plan was signed

- c. _____

(3c) Enter number of amendments included

- d. _____

(3d) Enter the date the amendment(s) reflected in 3c were signed

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

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

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

134. (3f) Has the plan received a determination letter

- a. Yes
- b. No

(3g) If 3f is "Yes", enter the date of the latest letter

- c. _____

(3h) Enter the number of amendments since the last determination letter

- d. _____

(3n) Is this plan an offset arrangement with any other plans

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

- 135. a. **(4c)** Enter month plan year ends (MM) _____
- b. **(4d)** Enter plan's original effective date (MMDDYYYY) _____

136. (4e) Enter number of participants: a. _____

137. (7a) Is this a master or prototype plan

- a. Date of Opinion Letter: _____
- b. Serial Number: _____

(7b) Is this a volume submitter plan

- a. Date of Advisory Letter: _____
- b. Serial Number: _____

(7c) Are there modifications to the volume submitter plan or are there addenda to the adoption agreement

- c. Yes
- d. No

e. Not known

(7d) Are there any "Other" boxes selected in the adoption agreement?

f. Yes

g. No

h. Not known

138. (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

139. (9a) Do you maintain any other qualified plan(s) under section 401(a)

a. Yes

b. No

c. Not known

140. (9b) Do you 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

c. Not known

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, or

d. Yes

e. No

f. Not known

(2) The other plan

g. Yes

h. No

i. Not known

141. (9c) If this is a defined contribution plan, do you maintain a defined benefit plan (or if this is a defined benefit plan, do you maintain a defined contribution plan) that covers non-key employees who are also covered under this plan

a. Yes

b. No

c. Not known

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, or

j. Yes

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

n. No

o. Not known

142. (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

143. (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

a. Yes

b. No

c. Not known

144. (10c to 10f) Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending before the

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

e. Any court

f. Not known

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

a. Yes

b. No

c. Not known

146. (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

c. Not known

147. (12b) Do the provisions of the plan ensure that the overall permitted limits will not be exceeded

a. Yes

b. No

c. Not known

148. (12c) Enter the letter ("A" – "G") from the list below that identifies the safe harbor intended to be satisfied

a. A—1.401(a)(4)-2(b)(2) defined contribution (DC) plan with uniform allocation formula

b. B—1.401(a)(4)-3(b)(3) unit credit defined benefit (DB) plan

c. C—1.401(a)(4)-3(b)(4)(i)(C)(1) unit credit DB fractional rule plan

d. D—1.401(a)(4)-3(b)(4)(i)(C)(2) flat benefit DB plan

e. E—1.401(a)(4)-3(b)(5) insurance contract plan

f. F—1.401(a)(4)-8(b)(3) target benefit plan

g. G—1.401(a)(4)-8(c)(3)(iii)(b) cash balance plan

h. Not known

149. (12d) List the plan section(s) that satisfy the safe harbor (including, if applicable, the permitted disparity requirements)

a. _____