

1. DOCUMENT PACKAGE

- a. Volume Submitter Plan and Trust as one document
- b. Volume Submitter Plan and Trust as separate documents
- c. Volume Submitter Plan Only--No Trust: (select one)
 - 1. Separate trust specifically approved by the IRS for use with this Plan
 - 2. Separate trust not approved by the IRS for use with this Plan (will cause loss of reliance)
- d. No Plan or Trust

2. FIRM NAME

- x. _____
- y. _____

EMPLOYER INFORMATION

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

- a. _____
- b. _____

6. Employer's Principal Office

- a. _____ (State)

AND, optionally, specify a different state for determining which state's law will control (when not preempted by federal law):

- b. _____ (State)

7. Employer Entity

IRS Note: This Plan does not provide for any exceptions applicable to a governmental plan (IRC §414(d)) or a nonelecting church plan.

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

AND, is the Plan subject to ERISA?

- 1. Yes
- 2. No (see commentary)

Note: This Plan does not provide for any exceptions applicable to a governmental plan (IRC §414(d)) or a nonelecting church plan.

8. Employer's Address

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

9. Employer's ID (EIN)

- a. _____

Plan No. (select one from b. – f.)

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

Trust ID (TIN) (optional)

- g. _____

PLAN ADMINISTRATION

10. Plan Information

- a. New Plan (**skip to 11**)
- b. Restatement

Is the pre-restatement name of the Plan being retained?

- c. Yes
- d. No

If No, enter the name of Plan prior to this restatement: (*exactly as it is to appear with punctuation*)

- 1. _____
- 2. _____

Was this Plan previously a Money Purchase Plan OR does this Plan contain Money Purchase Plan assets due to a merger or similar transfer of assets (i.e., other than as a rollover)?

- e. No or N/A (**skip to 11**)
- f. Yes (must provide for annuities at **98b** or **99b**) (select one; if both apply, select **f2**)
 - 1. money purchase assets were merged or transferred into this plan (**skip to 11**)
 - 2. the plan is a conversion from a money purchase plan: (select one)
 - a. the conversion occurred prior to this restatement
 - b. the conversion is being made with this restatement

If conversion, shall Participants be fully vested in the converted funds?

- g. No
- h. Yes

AND what was the name of the money purchase plan?

- i. N/A (There's been no change in the name of the plan since its inception)
- j. The name of the money purchase plan is shown at **10d** (may not be selected with **10c**)
- k. Other: Enter the name of money purchase Plan prior to its conversion: (*exactly as it is to appear with punctuation*)
 - 1. _____
 - 2. _____

11. Has the Plan been frozen (no new Participants and no further contributions)? (select one)

- a. No
- b. Yes, and the freeze date of the Plan benefits is: (cannot be later than the effective date of the restatement) (may not be selected with **10a**)
 - _____ (month) _____ (day) _____ (year)

- 12. Is this Plan being restated for PPA? (skip to 13 if 10a)**
- a. No, Plan already is a PPA document
 - b. Yes, this is the first restatement of an EGTRRA document for PPA, and... (select one):
 - 1. The Plan previously adopted an amendment to add an EACA or QACA provision
 - 2. The Plan is first adopting an EACA or QACA as of the effective date of the restatement (may not be selected with 11b) (see also the option at 23m)
 - 3. The Plan does not currently have and never did have an EACA or QACA

AND IF 12b1 selected, are all the provisions of the latest (or the only) EACA/QACA amendment still in effect?

- c. Yes, all the provisions of the latest (or the only) EACA/QACA amendment are still in effect on the effective date of this restatement, and the effective date of that earlier amendment was:

- 1. The amendment provides for only an EACA (no QACA)
- 2. The amendment provides for a QACA without an EACA
- 3. The amendment provides for a combined EACA and QACA
- d. No, NOT all the EACA or QACA provisions in the latest (or the only) EACA/QACA amendment are still in effect. The employer will complete an IRS-approved QACA/EACA Addendum for each such arrangement that was previously in effect. The *current* provisions of any EACA/QACA (if any) will be indicated at Questions 53 – 54, as applicable: (select at least one)
 - 1. The Plan previously had one or more EACA-only amendment(s) and those EACA provisions have subsequently been (or are now being) changed or discontinued
 - 2. The Plan previously had one or more QACA-only amendment(s) and those QACA provisions have subsequently been (or are now being) changed or discontinued
 - 3. The Plan previously had one or more combined EACA and QACA amendment(s) and the latest combined QACA/EACA provisions have subsequently been (or are now being) changed or discontinued

13. Effective Date(s) (must specify a., and must specify b. if 10b selected)

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

Note: For PPA Restatement, 13b should generally be the first day of current Plan Year. The provisions of this Act (and others) will be made retroactive to their separately stated effective dates.

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

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

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

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

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

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

- a. No
- b. Yes

Will document be signed electronically?

- c. No
- d. Yes (if selected, "signed electronically" will be inserted in the signature lines) (may not be selected with 15b)

16. If affiliated Employers adopt this Plan, then profit sharing contributions and forfeitures will be allocated only to each adopting employer's employees unless a. selected below: (leave blank if a. NOT applicable)

- a. Allocated to all affiliated adopting employers' employees

17. Skip to 18.

18. Plan Year

- a. The calendar year
- b. Begins _____ (month) (day)

- 1. Ends _____ (month) (day)

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

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

Note: If short Plan Year, enter Plan Year (18b, 18b1) as it will exist going forward.

OR

- c. 52/53 week year ending _____ (day of week)

- 1. Date nearest to _____ (month) (day)

Note: If the Plan is a SIMPLE 401(k) Plan (21b will be selected), the Plan Year MUST be a calendar year.

19. Administrator shall be

- a. Employer, using Employer's address and phone
- b. Other: _____ (Name)

AND, if Other selected

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

- a. _____ (Street-Physical not P.O. Box)

- b. _____ (City) c. _____ (State) d. _____ (Zip)

- e. Telephone () _____

20. Trustee (select a. and/or b.)

- a. **Corporate** (e.g., bank) **Trustee Name** (if applicable)

- 1. _____
- 2. _____

- AND**, the Corporate Trustee is (select one)
3. a directed (nondiscretionary) Trustee
 4. a discretionary Trustee

- AND, the Corporate Trustee(s) address** (select one)
5. Use Employer's address
 6. Use address below

a. _____
(Street--Physical not P.O. Box)

b. _____ c. _____ d. _____
(City) (State) (Zip)

AND/OR

- b. **Individual Trustee(s) Name(s)/Title**

a. _____ / _____

b. _____ / _____

c. _____ / _____

d. _____ / _____

e. _____ / _____

f. _____ / _____

g. _____ / _____

h. _____ / _____

AND, the Individual Trustee(s) address (select one)

1. Use Employer's address
2. Use address below:
 - a. _____
(Street--Physical not P.O. Box)
 - b. _____ c. _____ d. _____
(City) (State) (Zip)

AND with regard to the duty to collect contributions, the following Trustee shall be responsible for the collection of contributions: (select one)

- c. The discretionary corporate Trustee shown at **20a** (may only be selected with **20a4**)
- d. The following individual Trustee (may only be selected with **20b**):
 1. _____
 2. Every individual Trustee
- e. Other: _____

CONTRIBUTION TYPES

21. SPECIAL ADP PROVISIONS

Is this a SIMPLE 401(k) Plan? (select one)

- a. No (**skip to c. - d.**)
- b. Yes (cannot be selected with **11b, 12b1** or **12b2**)

If Yes, and the Employer elects to contribute the 2% nonelective contribution, Employees who make at least (insert an amount or leave blank if NOT applicable) will share in the contribution

1. \$ _____ (may not exceed \$5,000)

AND indicate the special effective date of the SIMPLE 401(k) Plan Provisions

2. N/A (New Plan OR Amendment and Restatement with an effective date the same as the Effective Date of this restatement (**13b**))
3. January 1, _____ (enter the calendar year in which the SIMPLE arrangement commences (may not be prior to the date the plan is adopted))

ADP SAFE HARBOR ACCOUNTS

Must the Plan provide for ADP Safe Harbor Accounts?

- c. No, there have **never** been any type of ADP safe harbor contributions, nor will any **ever** be made in the future (if selected, the plan will need to be restated in its entirety if the employer wants to elect such provisions) (may not be selected with **12c2, 12c3, 12d2** or **12d3**)
- d. Yes
 1. safe harbor contributions are being made or might be made in the future (may not be selected with **11b** or **21b**)
 2. all such contributions have been permanently discontinued but must retain accounts (may not be selected with **12b2, 12c2** or **12c3**)

22. Contribution Types

Elective Deferrals (select one of a. or b.)

- a. The Plan provides for pre-tax salary reduction contributions only (no Roth deferrals ever made) (select one)
 1. currently permitted (may not be selected with **11b**)
 2. not currently permitted, but elective deferral accounts must be retained (may not be selected with **10a, 21b** or **21d1**)
- b. The Plan provides for both pre-tax and Roth salary reduction contributions: (select one)
 1. pre-tax deferrals are currently permitted (may not be selected with **11b**)
 2. pre-tax deferrals are not currently permitted but accounts must be retained (may not be selected with **10a, 21b** or **21d1**)

AND Roth salary reduction contributions are (select one)

3. currently permitted (may not be selected with **11b** or **22b2**)
4. not currently permitted, but accounts must be retained (may not be selected with **10a**)

AND In-plan Roth rollover contributions (select one)

5. N/A, no provision should be made for such contributions
6. currently permitted (may not be selected unless **22b3**)
7. not currently permitted, but accounts must be retained (may not be selected with **10a**)

Additional contributions are provided under this Plan as follows:

(select all that apply)

- c. 401(k) Safe Harbor Contributions: (may not be selected if **11b, 21b**, or **21c**, may be selected only with **22a1** or **22b1** and must be selected if **21d1**)
For any year in which any type of matching contribution is made, will both the ADP and ACP safe harbor provisions be used? (select one)
 1. only ADP (and NOT ACP) safe harbor provisions will be used
 2. both ADP and ACP safe harbor provisions will be used for any year in which any type of matching contribution is made
- d. Matching Contributions on Elective Deferrals (other than ADP Safe Harbor Match) (select one) (may not be selected with **10a** and **21b**)
 1. currently implemented (may only be selected with **22a1** or **22b1**) (may not be selected with **11b** or **21b**)
 2. not currently implemented, but accounts must be retained (may not be selected with **10a**)
- e. Nonelective Profit Sharing Contributions (select one) (must be selected if **10f** selected) (may not be selected with **10a** and **21b**)
 1. currently implemented (may not be selected with **11b** or **21b**)
 - a. Optional: Excess assets from the employer's terminated DB plan are permitted (or the plan is still allocating such assets from a prior transfer) (may be left blank)
 2. not currently implemented, but accounts must be retained (may not be selected with **10a**)

- f. Nonelective Prevailing Wage Contributions (select one) (may not be selected with **10a** and **21b**)
1. currently implemented (may not be selected with **11b** or **21b**)
 2. not currently implemented, but accounts must be retained (may not be selected with **10a**)
- g. Employee After-Tax Voluntary Contributions (select one) (may not be selected unless **11b**, **22a1** or **22b1** selected)
1. currently permitted (may not be selected with **11b** or **21b**)
 2. not currently permitted, but accounts must be retained (may not be selected with **10a**)
- h. Rollover Contributions (other than in-plan Roth rollovers) (select one)
1. currently permitted (may not be selected with **11b**)
 2. not currently permitted, but accounts must be retained (may not be selected with **10a**)
- i. None of the above (may not be selected with 21d1, 22c, 22d, 22e, 22f, 22g or 22h)

23. Additional Plan features

Specific ADP Safe Harbor Accounts. The Plan must provide accounts for: (select one) (**skip to h. – i.** unless **21d** selected)

- a. Both traditional and qualified (QACA) safe harbor contributions (may not be selected with **12b3** and **21d2**)
- b. Only traditional ADP safe harbor contributions (may not be selected with **12c2**, **12c3**, **12d2** or **12d3**)
- c. Only qualified (QACA) ADP safe harbor contributions (i.e., traditional ADP safe harbor contributions have **never** been made and will **never** be made) (may not be selected with **12b3** and **21d2**)

Traditional ADP Safe Harbor Accounts (skip to f. – g. if **23c**) (select one)

- d. Such contributions are currently in effect or may be made in the future (may only be selected with **22c**)
- e. Such contributions are permanently discontinued, but accounts must be retained (may not be selected with **21d1** and **23b**)

Qualified (QACA) ADP Safe Harbor Contributions (skip to h. – i. if **23b** selected) (select one)

- f. Such contributions are currently in effect or may be made in the future (may only be selected with **22c**)
- g. Such contributions are permanently discontinued, but accounts must be retained (may not be selected with **12b3**, **12c2** or **12c3**, or with **21d1** and either **23c** or **23e**)

Provisions relating to ACAs, QACAs and EACAs

Current Automatic Contribution Arrangement. Does the Plan provide for an automatic contribution arrangement? (**skip to 24** unless **22a1** or **22b1** selected)

- h. No (there is currently no EACA, QACA, or other automatic contribution arrangement in place) (may not be selected with **12b2** or **12c**) (**skip to 24**)
- i. Yes (select one)
 1. the Plan currently has an ACA that does not comply with the EACA or QACA requirements (may not be selected with **12b2** or **12c**) (see **52**)
 2. the Plan currently has an EACA, but no QACA (may not be selected with **12c2** or **12c3**) (see **54**)
 3. the Plan currently has an ACA that complies with the QACA requirements, but no EACA (may not be selected with **12c1**, **12c3**, **21b**, **23b** or **23g**) (see commentary, and also **53**)
 4. the Plan currently has an ACA that complies with both the QACA and EACA requirements (may not be selected with **12c1**, **12c2**, **21b**, **23b** or **23g**) (see commentary, and also **53**)

Effective date of current ACA, EACA, or QACA (skip to 24 unless **23i**) (select one)

- j. Before the effective date of this document (may not be selected with **12c**) (specify) _____
- k. Effective date of this document (may not be selected with **12c**)
- l. Same as the effective date of latest EACA or QACA amendment indicated at **12c** (may not be selected unless **12c**)
- m. After the effective date of the document (may not be selected with **12c**) (specify): _____

SERVICE, ELIGIBILITY, AND VESTING**SERVICE****24. Year of Service** for Eligibility, Vesting and Benefit Accrual.

Is same method used to determine a "year of service" (when applicable) for Eligibility, Vesting and Accrual Service?

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

25. If different Year of Service crediting methods (**24b**), complete **25 – 27 Eligibility Year of Service**

- a. N/A (No service required: **34b3**, **35f**, **35m**, **35t** or **59b2** will not be 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

26. Vesting Year of Service

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

27. Accrual Year of Service

- a. N/A (only select if no service required: none of **67a**, **67b**, **67d**, **77a**, **77b** or **77d** will be selected)
- b. Hours of Service Method based on Plan Year
- c. Elapsed Time Method

28. Hours of Service Method – Equivalencies: Which equivalency in lieu of actual hours will be used to determine a Year of Service (**skip to 29** if elapsed time method (**24a2**) used for all purposes)

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

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

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

Hours of Service Method. A Year of Service is 1,000 hours unless selected below (leave blank for default or enter amount at **h.**)

- h. _____ Hours (not to exceed 1,000) for a Plan Year

29. **Service with Other Employers** is to be recognized (Plan automatically recognizes if predecessor maintained the Plan and whenever required by law)

- a. No
 b. Yes, with _____
 (Other Employers)

FOR the following: (select any limitations that apply)

1. eligibility requirements
 2. vesting
 3. contribution allocation
 4. limitations _____
 (e.g., credit service with X only on/following 1/1/13 or credit all service with entities the Employer acquires after 12/31/13)

c. Any entity the Employer acquires whether by asset or stock purchase, but only with respect to individuals who are employees of the acquired entity at the time of the acquisition

FOR the following: (select any limitations that apply)

1. eligibility requirements
 2. vesting
 3. contribution allocation
 4. limitations _____
 (e.g., credit service with X only on/following 1/1/13 or credit all service with entities the Employer acquires after 12/31/13)

30. Skip to 31.

31. **Excluded Employees.** Are any employees excluded from participation in the Plan? (skip to 39 unless 22a1, 22b1, 22d1 or 22e1 selected)

- a. **No exclusions (skip to 34)**
 b. **Yes, same exclusions** apply for all contribution types of the Plan. The following employees are excluded: (select all that apply, then skip to 34)
1. Commissioned Employees
 2. Leased Employees
 3. Union Employees
 4. Non-union Employees
 5. Highly Compensated Employees
 6. Nonresident Aliens with no U.S. source income
 7. Part-time/seasonal employees until 1 year of service is completed (skip if elapsed time used for eligibility purposes). For this purpose, such an employee is someone who is expected to complete fewer than _____ (not more than 999) hours of service in any eligibility computation period (may not be selected with 24a2, 25a or 25c)

8. Other: _____

Note: Must be definitely determinable and if using the average benefits test to satisfy IRC §410(b) coverage testing, must be a reasonable classification. In addition, the exclusion of employees cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under Code §410(b).

c. **Yes, different exclusions** apply for different contribution types (may only be selected with 22c – e.)

32. Excluded Employees – Vary by Contribution Type

Excluded Employees – Elective Deferrals. Are any employees excluded from making elective deferrals? (skip to e. – f. unless 22a1 or 22b1 selected)

- a. No exclusions
 b. Yes, the following employees are excluded: (select all that apply)
1. Commissioned Employees
 2. Leased Employees
 3. Union Employees
 4. Non-union Employees

5. Highly Compensated Employees
6. Nonresident Aliens with no U.S. source income
7. Part-time/seasonal employees unless 1 year of service is actually completed (skip if elapsed time used for eligibility purposes). For this purpose, such an employee is someone who is expected to complete fewer than _____ (not more than 999) hours of service in any eligibility computation period (may not be selected with 24a2, 25a or 25c)

8. Other: _____

Note: Must be definitely determinable and if using the average benefits test to satisfy IRC §410(b) coverage testing, must be a reasonable classification. In addition, the exclusion of employees cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under Code §410(b).

Note: For this purpose, Elective Deferrals include SIMPLE 401(k) contributions, Roth Elective Deferrals, 401(k) Safe Harbor Contributions and After-Tax Voluntary Contributions; Matching Contributions include QMACs, and Profit Sharing Contributions include QNECs unless specified otherwise.

Excluded Employees – Matching Contributions (other than ADP Safe Harbor matching contributions). Are any employees excluded from matching contributions?

(If employee excluded under b. above, employee must also be excluded under d. below) (skip if matching contributions (22d1) NOT selected)

- c. No exclusions
 d. Yes, the following employees are excluded: (select all that apply)

1. Commissioned Employees
2. Leased Employees
3. Union Employees
4. Non-union Employees
5. Highly Compensated Employees
6. Nonresident Aliens with no U.S. source income
7. Part-time/seasonal employees until 1 year of service is completed (skip if elapsed time used for eligibility purposes). For this purpose, such an employee is someone who is expected to complete fewer than _____ (not more than 999) hours of service in any eligibility computation period (may not be selected with 24a2, 25a or 25c)

8. Other: _____

Note: Must be definitely determinable and if using the average benefits test to satisfy IRC §410(b) coverage testing, must be a reasonable classification. In addition, the exclusion of employees cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under Code §410(b).

Excluded Employees – Profit Sharing Contributions. Are any employees excluded from Profit Sharing contributions? (skip if profit sharing contributions (22e1) NOT selected)

- e. No exclusions
 f. Yes, the following employees are excluded: (select all that apply)

1. Commissioned Employees
2. Leased Employees
3. Union Employees
4. Non-union Employees
5. Highly Compensated Employees
6. Nonresident Aliens with no U.S. source income

7. Part-time/seasonal employees until 1 year of service is completed (skip if elapsed time used for eligibility purposes). For this purpose, such an employee is someone who is expected to complete fewer than _____ (not more than 999) hours of service in any eligibility computation period (may not be selected with **24a2**, **25a** or **25c**)

8. Other: _____

Note: Must be definitely determinable and if using the average benefits test to satisfy IRC §410(b) coverage testing, must be a reasonable classification. In addition, the exclusion of employees cannot be such that the only NHCEs benefiting under the Plan are those with the lowest amount of compensation and/or the shortest periods of service and who may represent the minimum number of these employees necessary to satisfy coverage under Code §410(b).

33. Skip to 34.

ELIGIBILITY

- 34. Conditions for Eligibility.** Any Eligible Employee will be eligible to participate upon satisfaction of the following: (**skip to 39** unless **22a1**, **22b1**, **22d1** or **22e1**)

Are the eligibility conditions the same for all contribution types in the Plan?

- a. **No, different eligibility conditions** apply for different contribution types (**skip to 35**) (may only be selected with **22c – e.**)
- b. **Yes, same eligibility conditions** apply for all contribution types of the Plan (select **1.** OR **2.** and/or **3.** below and **c.** if applicable, then **skip to 37**)
1. Date of Hire (no age or service, **skip to 37**)

OR

2. AGE
- a. 20 1/2
- b. 21
- c. age _____ (may not exceed 21)
3. SERVICE (may not be selected with **25a**)
- a. _____ months of service (not to exceed 12 months) (may not be selected with **31b7**, **32b7**, **32d7** or **32f7**)
- b. 1 Year of Service
- c. _____ Hours of Service (not to exceed 1,000) within
1. _____ consecutive months (not to exceed 12) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to the Year of Service requirement.) (may not be selected with **24a2** or **25c**)
- d. other: _____ (may not exceed 1 Year of Service)

Waiver of Conditions – All Contributions

AND, if **34b2** or **34b3**, are any conditions waived? (leave blank if NOT applicable)

- c. Yes, if employed on _____ (enter a date), the following requirements are waived. The waiver applies to any Eligible Employee unless **3.** selected below (select **1.** and/or **2.** AND **3.** and/or **4.** if applicable)
1. service requirement (may let part-time employees into the Plan) (may only be selected with **34b3**)
2. age requirement (may only be selected with **34b2**)
3. waiver is for: _____ (e.g., employees of a specific division or employees covered by an IRC §410(b)(6)(C) acquisition)
4. the Participant must wait, however, until the next plan entry date

35. Eligibility – Vary by Contribution Type (skip to 37 if 34b)

Eligibility – Elective Deferrals:

Note: For this purpose, Elective Deferrals include SIMPLE 401(k) contributions, Roth Elective Deferrals, 401(k) Safe Harbor Contributions and After-Tax Voluntary Contributions; Matching Contributions include QMACs; and Profit Sharing Contributions include QNECs unless specified otherwise. (**skip to h. – i.** unless **22a1** or **22b1** selected)

- a. Date of hire (no age or service) (**skip to h. – i.**)
- b. Eligibility is as follows: (**answer c. – f. and g. if applicable**)

Age Requirement – Elective Deferrals

- c. No age requirement (only service)
- d. Age requirement is:
1. 20 1/2
2. 21
3. age _____ (may not exceed 21)

Service Requirement – Elective Deferrals

- e. No service requirement (only age)
- f. Service requirement is: (may not be selected with **25a**)
1. _____ months (not to exceed 12 months)
2. 1 Year of Service
3. _____ Hours of Service (not to exceed 1,000) within
- a. _____ consecutive months (not to exceed 12) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to a Year of Service requirement.) (may not be selected with **24a2** or **25c**)
4. other: _____ (may not exceed 1 Year of Service)

Waiver of Conditions – Elective Deferrals

AND, if **35d** or **35f**, are any conditions waived for Elective Deferrals? (leave blank if NOT applicable)

- g. Yes, if employed on _____ (enter a date), the following requirements are waived. The waiver applies to any Eligible Employee unless **3.** selected below (select **1.** and/or **2.** AND **3.** and/or **4.** if applicable).
1. service requirement (may let part-time employees into the Plan) (may only be selected with **f.**)
2. age requirement (may only be selected with **d.**)
3. waiver is for: _____ (e.g., employees of a specific division or employees covered by an IRC §410(b)(6)(C) acquisition).
4. the Participant must wait until the next plan entry date

Eligibility – Matching Contribution (skip to o. – p. if matching contributions (**22d1**) NOT selected)

- h. Date of hire (no age or service) (**skip to o. – p.**)
- i. Eligibility is as follows: (answer **j. – m.** and **n.** if applicable)

Age Requirement – Matching Contribution

- j. No age requirement (only service)
- k. Age requirement is:
1. 20 1/2
2. 21
3. age _____ (may not exceed 21)

Service Requirement – Matching Contribution

- l. No service required (only age)
- m. Service requirement is: (may not be selected with **25a**)
1. _____ months (not to exceed 24 months) (**40a** or **41a** must be selected if more than 12 months)
2. 1 Year of Service

3. 1 1/2 years (**40a** or **41a** must also be selected) (may not be selected with **22c2**)
4. 2 years (**40a** or **41a** must also be selected) (may not be selected with **22c2**)
5. _____ Hours of Service (not to exceed 1,000) within
 - a. _____ consecutive months (not to exceed 24) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to a Year of Service requirement.) (may not be selected with **24a2** or **25c**)
6. other: _____
(may not exceed 2 Years of Service) (**40a** or **41a** must be selected if more than 12 months)

Waiver of Conditions – Matching Contribution

AND, if **35k** or **35m**, are any conditions waived for Matching Contributions (leave blank if NOT applicable)

- n. Yes, if employed on _____
(enter a date), the following requirements are waived. The waiver applies to any Eligible Employee unless **3.** selected below (select **1.** and/or **2.** **AND 3.** and/or **4.** if applicable).
 1. service requirement (may let part-time employees into the Plan) (may only be selected with **m.**)
 2. age requirement (may only be selected with **k.**)
 3. waiver is for: _____
(e.g., employees of a specific division or employees covered by an IRC §410(b)(6)(C) acquisition)
 4. the Participant must wait, however, until the next plan entry date

Eligibility – Profit Sharing Contribution (skip if profit sharing contributions (**22e1**) NOT selected)

- o. Date of hire (no age or service req.) (**skip to 37 below**)
- p. Eligibility is as follows: (**answer q. – t. and u. if applicable**)

Age Requirement – Profit Sharing Contribution

- q. No age requirement (only service)
- r. Age requirement is:
 1. 20 1/2
 2. 21
 3. age _____ (may not exceed 21)

Service Requirement – Profit Sharing Contribution

- s. No service required (only age)
- t. Service requirement is: (may not be selected with **25a**)
 1. _____ months (not to exceed 24 months) (**40a** or **41c** must be selected if more than 12 months)
 2. 1 Year of Service
 3. 1 1/2 years (**40a** or **41c** must also be selected)
 4. 2 years (**40a** or **41c** must also be selected)
 5. _____ Hours of Service (not to exceed 1,000) within
 - a. _____ consecutive months (not to exceed 24) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to a Year of Service requirement.) (may not be selected with **24a2** or **25c**)
 6. other: _____
(may not exceed 2 Years of Service) (**40a** or **41c** must be selected if more than 12 months)

Waiver of Conditions – Profit Sharing Contribution. **AND**, if **35r** or **35t**, are any conditions waived for Profit Sharing contributions (leave blank if NOT applicable)

- u. Yes, if employed on _____
(enter a date), the following requirements are waived. The waiver applies to any Eligible Employee unless **3.** selected below (select **1.** and/or **2.** **AND 3.** and/or **4.** if applicable).
 1. service requirement (may let part-time employees into the Plan) (may only be selected with **t.**)
 2. age requirement (may only be selected with **r.**)
 3. waiver is for: _____
(e.g., employees of a specific division or employees covered by an IRC §410(b)(6)(C) acquisition)
 4. the Participant must wait, however, until the next plan entry date

36. Skip to 37.

37. Entry Date. Is the entry date the same for all contribution types?

- a. **No, different entry dates** apply for different contribution types (**skip to 38**) (may not be selected with **21b**)
- b. **Yes, same entry date** applies for all contribution types of the Plan. Eligible employees shall enter the Plan as of: (select one)
 1. date eligibility requirements are met
 2. dual entry (1st day of year and 6 months later)
 3. 1st day of the month coinciding with or next following date eligibility requirements are met
 4. 1st day of the Plan Year coinciding with or next following date eligibility requirements are met (Eligibility must be age 20 1/2 and/or 6 months or less)
 5. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
 6. other: _____

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

AND, should there be an additional one-time entry date? (select one) (may not be selected with **37b1**):

- c. No
- d. Yes, and the date is: (select one):
 1. the date specified at **34c**
 2. other (specify date): _____

AND if 37d2 selected, is the special entry date limited to a select group of employees? (select one):

3. no
4. yes, any individuals who worked for the following company immediately before becoming an employee (of the plan sponsor): _____
5. yes, other (specify group) (must be definitely determinable and nondiscriminatory): _____

38. Entry Date – Elective Deferrals. Eligible employees shall enter the Plan as of: (select one) (**skip to i. – j.** unless **22a1** or **22b1** selected)

- a. No entry date requirement (employee enters on the date eligibility requirements are met) (**skip to e. – f.**)
- b. Participant must wait for first entry date:
 1. dual entry (1st day of year and 6 months later)
 2. 1st day of the month coinciding with or next following date eligibility requirements are met

3. 1st day of the Plan Year coinciding with or next following date eligibility requirements are met (Eligibility must be age 20 1/2 and/or 6 months or less)
4. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
5. other: _____

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

Note: For this purpose, Elective Deferrals include SIMPLE 401(k) contributions, Roth Elective Deferrals, 401(k) Safe Harbor Contributions and After-Tax Voluntary Contributions; Matching Contributions include QMACs; and Profit Sharing Contributions include QNECs unless specified otherwise.

AND should there be an additional one-time entry date: (select one) (may not be selected with **38a**)

- c. No
- d. Yes, and the date is: (select one)
1. the date specified at **35g**
2. other (specify date): _____

AND if 38d selected, is the special entry date limited to a select group of employees? (select one)

3. no
4. yes, any individuals who worked for the following company immediately before becoming an employee (of the plan sponsor): _____
5. yes, other (specify group) (must be definitely determinable and nondiscriminatory): _____

Entry Date – Matching Contribution. Eligible employees shall enter the Plan as of: (**skip to i. – j.** if matching contributions (**22d1**) NOT selected)

- e. No entry date requirement (employee enters on the date eligibility requirements are met) (**skip to i. – j.**)
- f. Participant must wait for first entry date:
1. dual entry (1st day of year and 6 months later)
2. 1st day of the month coinciding with or next following date eligibility requirements are met
3. 1st day of the Plan Year coinciding with or next following date eligibility requirements are met (Eligibility must be age 20 1/2 and/or 6 months or less)
4. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
5. other: _____

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

AND, should there be an additional one-time entry date: (select one) (may not be selected with **38e**)

- g. No (**skip to 38i – j.**)
- h. Yes, and the date is: (select one)
1. the date specified at **35n**
2. other (specify date): _____

AND if 38h selected, is the special entry date limited to a select group of employees? (select one)

3. no
4. yes, any individuals who worked for the following company immediately before becoming an employee (of the plan sponsor): _____
5. yes, other (specify group) (must be definitely determinable and nondiscriminatory): _____

Entry Date – Profit Sharing Contribution. Eligible employees shall enter the Plan as of (**skip to 39** if profit sharing contributions (**22e1**) NOT selected)

- i. No entry date requirement (employee enters on the date eligibility requirements are met) (**skip to 39**)
- j. Participant must wait for first entry date:
1. dual entry (1st day of year and 6 months later)
2. 1st day of the month coinciding with or next following date eligibility requirements are met
3. 1st day of the Plan Year in which eligibility requirements are met
4. 1st day of the Plan Year nearest date eligibility requirements are met
5. 1st day of the Plan Year coinciding with or next following date eligibility requirements are met (Eligibility must be age 20 1/2 and/or 6 months or less)
6. 1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
7. other: _____

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

AND, should there be an additional one-time entry date: (may not be selected with **38i**)

- k. No
- l. Yes, and the date is: (select one)
1. the date specified at **35u**
2. other (specify date): _____

AND if 38l selected, is the special entry date limited to a select group of employees? (select one)

3. no
4. yes, any individuals who worked for the following company immediately before becoming an employee (of the plan sponsor): _____
5. yes, other (specify group) (must be definitely determinable and nondiscriminatory): _____

VESTING

39. Vesting Schedule. Is the vesting schedule the same for profit sharing contributions, matching contributions, and QACA contributions? (select one)

- a. **N/A** -- No matching, profit sharing, or QACA contributions contribution types are provided under this Plan (must be selected if **21b** selected and may not be selected if **12d2**, **12d3**, **22d**, **22e**, **23a** or **23c** selected) (**skip to 47**)

- b. **Yes, the same vesting schedule** applies for ALL contribution types, regardless of when contributions were made (i.e., there are no bifurcated accounts for pre-EGTRRA matching contributions or pre-PPA nonelective contributions). (select **d.** or **e.**, answer **40** then **skip to 42**) (must satisfy 2-year graded vesting schedule if **23a** or **23c** selected) (may not be selected with **11b**)
- c. **No, different vesting schedules** apply for matching, profit sharing, and/or QACA contribution types, and/or there are bifurcated accounts (select **d.** or **e.**, then **skip to 41**) (may not be selected with **11b**)

Amendment to Vesting Schedule. If any vesting schedule is directly or indirectly amended in the future, and the effect of the change is to reduce the vested percentage associated with one or more specified number of years of service, then the Plan will: (select one)

- d. Provide affected Participants who have at least 3 years of service with an opportunity to elect to be subject to either the pre-amendment or the post-amendment vesting schedule for contributions made after the change in vesting
- e. Automatically vest each Participant's entire account balance using the greater of the pre-amendment vested percentage or the post-amendment vested percentage for the Participant's years of service at the time of determination

40. Vesting – All Contribution Types subject to vesting. Vesting shall be: (skip if **39b** NOT selected)

- a. 100% upon entering Plan (**skip to 42**)
- b. Subject to the following vesting schedule: (may not be selected with **11b, 21b** or **26a**) (**skip to 42**)
 - 1. 4-year graded (25% per year) (may not be selected with **23a** or **23c**)
 - 2. 5-year graded (20% per year) (may not be selected with **23a** or **23c**)
 - 3. 3-year cliff (may not be selected with **23a** or **23c**)
 - 4. 6-year graded (2 years 20% then 20% per year) (may not be selected with **23a** or **23c**)
 - 5. 2-year graded (1 year 50% then 100%)
 - 6. 2-year cliff
 - 7. Other (in each year must be as liberal as **3.** or **4.**, or, if there are QACA contributions, all contributions must be fully vested under the following schedule after 2 years)

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

41. Vesting – Matching Contribution. Vesting shall be: (skip if matching contributions (**22d**) NOT selected)

- a. 100% upon entering Plan (must be selected if **35m3** or **35m4**)
- b. Subject to the following vesting schedule: (may not be selected with **11b, 21b** or **26a**)
 - 1. 4-year graded (25% per year)
 - 2. 5-year graded (20% per year)
 - 3. 3-year cliff
 - 4. 6-year graded (2 years 20% then 20% per year)
 - 5. Other (in each year must be as liberal as **3.** or **4.**)

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

AND, if Plan has a separate vesting schedule for pre-EGTRRA matching contributions (i.e., for Plan Years beginning prior to January 1, 2001) (skip if **10a** or **39b** selected)

- c. The schedule shown above applies to all matching contributions
- d. Pre-EGTRRA matching contributions are subject to the following vesting schedule:

- 1. 4-year graded (25% per year)
- 2. 5-year graded (20% per year)
- 3. 3-year cliff
- 4. 6-year graded (2 years 20% then 20% per year)
- 5. 5-year cliff
- 6. 7-year graded (3 years 20% then 20% per year)
- 7. Other (in each year must be as liberal as **3.** or **4.**)

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

Vesting – Profit Sharing Contribution. Vesting shall be: (**skip to i. – j.** if profit sharing contributions (**22e**) NOT selected)

- e. 100% upon entering Plan (must be selected if **35t3** or **35t4**)
- f. Subject to the following vesting schedule: (may not be selected with **11b, 21b** or **26a**)

- 1. 4-year graded (25% per year)
- 2. 5-year graded (20% per year)
- 3. 3-year cliff
- 4. 6-year graded (2 years 20% then 20% per year)
- 5. Other (in each year must be as liberal as **3.** or **4.**)

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

AND, if restatement: (skip if **10a** or **39b** selected)

- g. The schedule shown above applies to all profit sharing contributions
- h. Pre-PPA nonelective contributions (i.e., contributions made for Plan Years beginning prior to January 1, 2007) are subject to the following vesting schedule:

- 1. 4-year graded (25% per year)
- 2. 5-year graded (20% per year)
- 3. 3-year cliff
- 4. 6-year graded (2 years 20% then 20% per year)
- 5. 5-year cliff
- 6. 7-year graded (3 years 20% then 20% per year)
- 7. Other (in each year must be as liberal as **3.** or **4.**)

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

Vesting – QACA Contributions. Vesting of QACA contributions shall be: (select one) (skip unless **23a** or **23c** selected)

- i. All QACA contributions are fully vested
- j. All QACA contributions have the same vesting schedule: (may not be selected with **26a**)

- 1. 2-year cliff
- 2. 2-year graded (50% per year)
- 3. _____% vested after 1 year, and 100% vested after 2 years
- 4. Other: _____
(in each year must be as liberal as in **41j2**)

- k. Not all QACA contributions have the same vesting schedule. All current QACA contributions will be: (select one) (skip if **10a**)
1. fully vested
 2. subject to the following vesting schedule: (select one) (may not be selected with **26a**)
 - a. 2-year cliff
 - b. 2-year graded (50% per year)
 - c. _____% vested after 1 year, and 100% vested after two years
 - d. Other: _____
(in each year must be as liberal as in **41k2b**)

AND, the effective date of the above schedule is the first day of the Plan year coinciding with or next following: (select one)

3. the effective date of the restatement
4. Other: _____

AND, the vesting schedule for all QACA contributions prior to the effective date shown above was: (select one)

5. fully vested (may not be selected with **41k1**)
6. subject to the following vesting schedule: (select one)
 - a. 2-year cliff (may not be selected with **41k2a**)
 - b. 2-year graded (50% per year) (may not be selected with **41k2b**)
 - c. _____% vested after 1 year, and 100% vested after two years
 - d. Other: _____
(in each year must be as liberal as in **41k6b**)

42. If Restated Plan and full vesting, are there (or might there be) forfeitures left to recognize? (skip to **43** if **10a**, **39a** or **40b**)

- a. No, all forfeitures have already been reallocated or used to reduce prior contributions
- b. Yes, there are (or may be) forfeitures arising from: (select at least one)
 1. matching contributions (may be selected only with **22d** AND **40a** or **41a**)
 2. profit sharing (or top heavy) contributions (may be selected only with **22e** AND **40a** or **41e**)
 3. QACA contributions (may be selected only with (**12d**, **23i3** or **23i4** AND **40a**) or if **41i**)

43. Vesting, if Plan was Top-Heavy prior to PPA, the top-heavy vesting schedule was: (skip unless **12b** and **22e** selected)

- a. N/A (Top-Heavy always satisfied for all contributions) (may not be selected with **22e** AND **41h5** or **41h6**, or if **22d** AND **41d5** or **41d6**)
- b. 100%
- c. 3-year cliff (may not be selected with **26a**)
- d. 6-year graded (may not be selected with **26a**)
- e. 25% per year (may not be selected with **26a**)
- f. 20% per year (may not be selected with **26a**)

44. Vesting service (skip to 47 if 40a selected)

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

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

- c. No or N/A -- Vesting schedule(s) apply to all Participants
- d. Yes (select one)
 1. 100% vesting applies for any Participant who was employed on _____ (enter a date)
 2. Other: 100% vesting applies for any Participant who: _____ (provide definitely determinable language describing the group of Participants)

45. Other vesting provisions (skip if 39a or 40a selected)

Regardless of the vesting schedule, Participants shall become fully vested upon death or disability unless otherwise selected below: (select all that apply)

- a. Do not vest upon death
- b. Do not vest upon disability
- c. Do not vest upon early retirement

46. Forfeitures shall occur (skip to 47 if NONE of the following have been selected: 40b, 41b, 41d, 41f, 41h, 41j or 41k)

- a. Earlier of distribution or five 1-year breaks-in-service
- b. Only after five 1-year breaks-in-service

COMPENSATION

47. Compensation for 415 purposes ("415 Compensation")

Post-Severance Pay (select one)

- a. Default provisions apply (skip to **48**)
- b. Non-Default provisions apply: (select all that apply)
 1. Exclude post-severance leave cashouts
 2. Exclude post-severance deferred compensation
 3. Include post-severance disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period: _____
 4. Include post-severance military continuation payments (if such payments are made) for pre-HEART limitation years beginning on and after July 1, 2007 (may only be selected with **12b**)

Optional Provisions (does not apply to just post-severance pay) (select if applicable)

- c. Apply the administrative delay ("first few weeks") rule when determining compensation for 415 purposes.

48. Plan Compensation means:

- a. W-2 Wages subject to income tax as defined in Reg. 1.415(c)-2(d)(4) (must select if **21b** selected)
- b. IRC §3401(a) wages as defined in Reg. 1.415(c)-2(d)(3)
- c. Simplified 415 Safe Harbor Compensation as defined in Reg. 1.415(c)-2(d)(2)

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 (cannot be used to conduct the ADP or ACP test)
- f. The calendar year coinciding with or ending within the Plan Year

Are adjustments made to compensation?

- g. **Yes, however different** adjustments apply for different contribution types (skip to **50**) (may not be selected with **11b**)
- h. **Yes and same adjustments** apply for all contribution types of the Plan (select all that apply at **49** below, then skip to **51**)

Note: For this purpose, Elective Deferrals include Roth Elective Deferrals, and After-Tax Voluntary Contributions; Matching Contributions include QMACs; and Profit Sharing Contributions include QNECs and Prevailing Wage Contributions unless specified otherwise.

Note: Salary Deferrals (401(k), 125, 132(f), 402(k), SEP, 414(h) pickup and 457) are automatically included for Elective Deferral and After-tax Voluntary contribution purposes.

Note: Compensation for SIMPLE plan contributions is controlled by plan language.

49. Compensation Adjustments – All Contributions Types

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

- a. Exclude Salary Deferrals (401(k), 125, 132(f), 402(k), SEP, 414(h) pickup and 457) (Plan will automatically include deferrals in compensation for purposes of elective deferrals)
- b. Exclude all items listed in Reg. 1.414(s)-1(c)(3)
- c. Exclude Compensation paid during determination period while not a Participant: (select any that apply)
 - 1. pre-participation Compensation
 - 2. all post-severance Compensation (not a 414(s) safe harbor)
- d. Exclude overtime (not a 414(s) safe harbor)
- e. Exclude bonuses (not a 414(s) safe harbor)
- f. Exclude commissions (not a 414(s) safe harbor)
- g. Exclude post-HEART military continuation payments (may not be selected with **49c2**)
- h. Other: _____

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

Note: The exclusion of all post-severance compensation (**49c2**), overtime (**49d**), bonuses (**49e**), commissions (**49f**), or "other" compensation (**49h**) will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).

For PPA Restatements – Plan Compensation – HEART

Special Effective Date. The exclusion of military continuation pay at **49g** is effective January 1, 2009 unless a later date is specified below: (skip unless **12b** and **49g**)

- i. _____ (enter a later effective date)

Post-Severance Plan Compensation: (skip to 51 if 49c2 selected)
(select one)

- j. Default provisions apply
- k. Non-Default provisions apply: (select all that apply)
 - 1. Exclude post-severance regular pay (not a 414(s) safe harbor)
 - 2. Exclude leave cashouts
 - 3. Exclude deferred compensation
 - 4. Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with **12b**)
 - 5. Include disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period: _____

For PPA Restatements – Plan Compensation – 415 Regulations

Special Effective Date. The definition of Plan Compensation as set forth above is effective as of the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (**skip to 51** unless **12b**)

- l. _____ (enter a later effective date)

50. Compensation Adjustments – Elective Deferrals and After-tax Voluntary Contributions.

The following adjustments are made to compensation: (**skip to s. – t.** unless **22a1** or **22b1** selected) Specifications made for Elective Deferrals will also apply to After-Tax Voluntary Contributions; specifications for Matching Contributions will also apply to QMACs; and specifications for Profit Sharing Contributions will apply to QNECs and Prevailing Wage Contributions.

- a. No adjustments (Plan will automatically include deferrals in compensation for purposes of elective deferrals)
- b. Yes, the following adjustments are made: (select all that apply)
 - 1. Exclude all items listed in Reg. 1.414(s)-1(c)(3)

- 2. Exclude Compensation paid during determination period while not a Participant: (select all that apply)
 - a. pre-participation Compensation
 - b. all post-severance Compensation (not a 414(s) safe harbor)
- 3. Exclude overtime (not a 414(s) safe harbor)
- 4. Exclude bonuses (not a 414(s) safe harbor)
- 5. Exclude commissions (not a 414(s) safe harbor)
- 6. Exclude post-HEART military continuation payments

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

Note: The exclusion of all post-severance compensation (**50b2b**), overtime (**50b3**), bonuses (**50b4**), commissions (**50b5**), or "other" compensation (**50b7**) will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).

For PPA Restatements – Plan Compensation – HEART Special

Effective Date. The exclusion of military continuation pay at **50b6** is effective January 1, 2009 unless a later date is specified below: (skip unless **12b** and **50b6**)

- c. _____ (enter a later effective date)

Post-Severance Plan Compensation: (skip to f. if 50b2b selected)
(select one)

- d. Default provisions apply
- e. Non-Default provisions apply: (select all that apply)
 - 1. Exclude post-severance regular pay (not a 414(s) safe harbor)
 - 2. Exclude leave cashouts
 - 3. Exclude deferred compensation
 - 4. Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with **12b**)
 - 5. Include disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period: _____

For PPA Restatements – Plan Compensation – 415 Regulations

Special Effective Date. The definition of Plan Compensation for the contributions described above is the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (**skip to g. – h.** unless **12b**)

- f. _____ (enter a later effective date)

Compensation Adjustments – 401(k) Safe Harbor Matching and Nonelective Contributions.

The following adjustments are made to compensation: (**skip to m. – n.** if safe harbor contributions (**21d1**) NOT selected)

- g. No adjustments (**skip to j. – k.**)
- h. Yes, the following adjustments are made: (select all that apply)
 - 1. Exclude Salary Deferrals (401(k), 125, 132(f), 402(k), SEP, 414(h) pickup and 457)
 - 2. Exclude all items listed in Reg. 1.414(s)-1(c)(3)
 - 3. Exclude Compensation paid during determination period while not a Participant: (select all that apply)
 - a. pre-participation Compensation for both safe harbor nonelective contributions and safe harbor matching contributions (unless **1.** selected below)
 - 1. exclude only for safe harbor matching contributions
 - b. all post-severance Compensation (not a 414(s) safe harbor)
 - 4. Exclude overtime (not a 414(s) safe harbor)
 - 5. Exclude bonuses (not a 414(s) safe harbor)
 - 6. Exclude commissions (not a 414(s) safe harbor)

7. Exclude post-HEART military continuation payments8. Other: _____
Note: Describe Compensation from the elections available above or a combination thereof as to a Participant group (e.g., no exclusions as to Division A Employees and exclude bonuses as to Division B Employees); and/or describe another exclusion (e.g., exclude shift differential pay).**Note:** The exclusion of all post-severance compensation (50h2b), overtime (50h3), bonuses (50h4), commissions (50h5), or "other" compensation (50h7) will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).**For PPA Restatements – Plan Compensation – HEART Special Effective Date.** The exclusion of military continuation pay at 50h7 is effective January 1, 2009 unless a later date is specified below: (skip unless 12b and 50h7)i. _____ (enter a later effective date)**Post-Severance Plan Compensation: (skip to l. if 50h3b selected)**
(select one)j. Default provisions applyk. Non-Default provisions apply: (select all that apply)

1. Exclude post-severance regular pay (not a 414(s) safe harbor)
2. Exclude leave cashouts
3. Exclude deferred compensation
4. Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with 12b)
5. Include disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period:

For PPA Restatements – Plan Compensation – 415 Regulations Special Effective Date. The definition of Plan Compensation for the contributions described above is the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (skip to m. – n. unless 12b)l. _____ (enter a later effective date)**Compensation Adjustments – Matching Contributions other than ADP Safe Harbor Matching Contributions.** The following adjustments are made to compensation: (skip to s. – t. if matching contributions (22d1) NOT selected)m. No adjustments (skip to p. – q.)n. Yes, the following adjustments are made: (select all that apply)

1. Exclude Salary Deferrals (401(k), 125, 132(f), 402(k), SEP, 414(h) pickup and 457)
2. Exclude all items listed in Reg. 1.414(s)-1(c)(3)
3. Exclude Compensation paid during determination period while not a Participant: (select all that apply)
 - a. pre-participation Compensation
 - b. all post-severance Compensation (not a 414(s) safe harbor)
4. Exclude overtime (not a 414(s) safe harbor)
5. Exclude bonuses (not a 414(s) safe harbor)
6. Exclude commissions (not a 414(s) safe harbor)
7. Exclude post-HEART military continuation payments
8. Other: _____

Note: Describe Compensation from the elections available above or a combination thereof as to a Participant group (e.g., no exclusions as to Division A Employees and exclude bonuses as to Division B Employees); and/or describe another exclusion (e.g., exclude shift differential pay).**Note:** The exclusion of all post-severance compensation (50n2b), overtime (50n3), bonuses (50n4), commissions (50n5), or "other" compensation (50n7) will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).**For PPA Restatements – Plan Compensation – HEART Special Effective Date.** The exclusion of military continuation pay at 50n7 is effective January 1, 2009 unless a later date is specified below: (skip unless 12b and 50n7)o. _____ (enter a later effective date)**Post-Severance Plan Compensation: (skip to r. if 50n3b selected)**
(select one)p. Default provisions applyq. Non-Default provisions apply: (select all that apply)

1. Exclude post-severance regular pay (not a 414(s) safe harbor)
2. Exclude leave cashouts
3. Exclude deferred compensation
4. Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with 12b)
5. Include disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period:

For PPA Restatements – Plan Compensation – 415 Regulations Special Effective Date. The definition of Plan Compensation for the contributions described above is effective as of the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (skip to s. – t. unless 12b)r. _____ (enter a later effective date)**Compensation Adjustments – Profit Sharing Contributions and all other Nonelective Contributions other than ADP Safe Harbor Nonelective Contributions.** The following adjustments are made to compensation: (skip unless profit sharing contributions (22e1) or prevailing wage contributions (22f1) selected)s. No adjustments (skip to v. – w.)t. Yes, the following adjustments are made: (select all that apply)

1. Exclude Salary Deferrals (401(k), 125, 132(f), 402(k), SEP, 414(h) pickup and 457)
2. Exclude all items listed in Reg. 1.414(s)-1(c)(3)
3. Exclude Compensation paid during determination period while not a Participant: (select all that apply)
 - a. pre-participation Compensation
 - b. all post-severance Compensation (not a 414(s) safe harbor)
4. Exclude overtime (not a 414(s) safe harbor)
5. Exclude bonuses (not a 414(s) safe harbor)
6. Exclude commissions (not a 414(s) safe harbor)
7. Exclude post-HEART military continuation payments
8. Other: _____

Note: Describe Compensation from the elections available above or a combination thereof as to a Participant group (e.g., no exclusions as to Division A Employees and exclude bonuses as to Division B Employees); and/or describe another exclusion (e.g., exclude shift differential pay).**Note:** The exclusion of all post-severance compensation (50t2b), overtime (50t3), bonuses (50t4), commissions (50t5), or "other" compensation (50t7) will result in the need to test the definition of compensation for nondiscrimination (as described in regulations under IRC §414(s)).

For PPA Restatements – Plan Compensation – HEART Special Effective Date. The exclusion of military continuation pay at **50t7** is effective January 1, 2009 unless a later date is specified below: (skip unless **12b** and **50t7** selected)

u. _____ (enter a later effective date)

Post-Severance Plan Compensation: (skip to x. if 50t3b selected)
(select one)

- v. Default provisions apply
- w. Non-Default provisions apply: (select all that apply)
1. Exclude post-severance regular pay (not a 414(s) safe harbor)
 2. Exclude leave cashouts
 3. Exclude deferred compensation
 4. Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with **12b**)
 5. Include disability continuation payments: (select one)
 - a. For nonhighly compensated employees only
 - b. For all Participants and the salary continuation will continue for the following fixed or determinable period:

For PPA Restatements – Plan Compensation – 415 Regulations Special Effective Date. The definition of Plan Compensation for the contributions described above is effective as of the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (**skip to 51 unless 12b**)

x. _____ (enter a later effective date)

CONTRIBUTIONS AND ALLOCATIONS

SALARY REDUCTION ELECTION

51. Employee Salary Reduction Election (skip to 69 if 22a2 or 22b2 selected)

Employee may elect to have Compensation reduced by:

- a. Up to _____% (not more than 100%)
- b. From _____% to 1. _____% (not more than 100%) (using a minimum deferral percentage greater than one percent could potentially be discriminatory, and would not be appropriate for ADP safe harbor plan years)
- c. Up to the maximum percentage allowed (must select if **21b** selected)

Note: 1% minimum may be imposed administratively.

Additional deferral provisions: (select all that apply)

- d. Special Effective Date for elective deferrals: _____
- e. Separate Bonus Election. A Participant may make a separate election to defer up to _____% (not more than 100%) of any bonus (may not be selected with **49e** or **50b4**) (if not selected, the deferral percentage elected by a Participant for other compensation will apply to the bonus)
- f. Separate HCE Limit. For Participants who are Highly Compensated Employees determined as of the beginning of a Plan Year, then the deferral limit is:
 1. _____% (not more than 100%) of compensation
 2. Other: _____
(e.g., must be a specific limit that only applies to some or all HCEs)

Modifications to Salary Reduction Elections generally only permitted prior to beginning of each plan year unless specified below

- g. Each Plan Year (annually)
- h. More often, as follows:
 1. First day of Plan Year and first day of seventh month (semi-annually)

2. Each Plan Year quarter
3. Any pay period (no limitation)
4. Each month
5. Other: _____

Note: Enter any other regular interval of not more than one year.

Catch-Up contributions. Does the Plan permit catch-up contributions?

- i. No
- j. Yes (may not be selected with **11b**, **22a2** or **22b2**)

AND if 51j selected, if a Plan limit is imposed on the amount of deferrals that may be made (i.e., **51a**, **51b** or **51f**), are catch-up contributions aggregated with other Elective Deferrals in applying such limits? (skip if **51c** selected and **51f** NOT selected)

- k. No or N/A. There are no limits or catch-up contributions may be made in addition to any imposed limits
- l. Yes. (If selected, the limit at **51a**, **51b** or **51f** must not be less than 75% of Compensation)

52. Current Automatic Contribution Arrangement (ACA with no EACA or QACA features) (skip to 53 unless 23i1)

Type of automatic elective deferral. The automatic deferral shall be: (select one)

- a. Pre-tax elective deferral
- b. Roth elective deferral (may only be selected if **22b3**)

Participants affected on the effective date of the arrangement. As of the effective date of the ACA, must all Participants complete a new affirmative election in order to avoid automatic deferrals? (select one)

- c. No
- d. Yes, regardless of any affirmative election in effect immediately prior to the effective date of this automatic contribution arrangement (**skip to h. – i.**)

AND if 52c selected, automatic deferrals will be made for only those Participants who, as of the effective date of the automatic contribution arrangement, have: (select one of **e.** or **f.**, and **g.** if applicable)

- e. Not made an affirmative election of at least the automatic deferral amount
- f. Not made an affirmative election (i.e., if any amount was affirmatively elected, then that Participant is not subject to this ACA)
- g. The automatic deferral provisions apply only to Participants: (select one)
 1. Participants whose effective date of participation is on or after the effective date of the ACA
 2. Participants who were first hired on or after the effective date of the ACA

Initial (or constant) automatic deferral amount. Each Participant who is subject to the automatic deferral provisions will have Compensation deferred by the following amount unless otherwise elected by the Participant: (select one)

- h. _____% of Compensation for each payroll period
- i. \$_____ per payroll period

Escalation of deferral amount (select one of **j.** or **k.**)

- j. N/A (no escalation – **skip to 53**)
- k. The initial automatic deferral amount shall increase as selected below: (select one)
 1. one percentage point of Compensation per year
 - a. up to a maximum of _____% of Compensation.
 2. _____ percentage points of Compensation per year
 - a. up to a maximum of _____% of Compensation.
 3. \$_____ per time period described (Time of Escalation)
 - a. up to a maximum of \$_____

4. in accordance with the following schedule:
- a. second period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - b. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - c. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - d. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - e. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - f. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)
(skip to l. – p. if no escalation beyond this point)
 - g. next period
 - 1. _____% (may not be selected with i.)
 - 2. \$ _____ (may not be selected with h.)

5. other: _____
Note: Specify the percentage of Compensation or the dollar amount of the increase for each applicable level, any necessary criteria for determining when the level is reached, and the maximum percentage of Compensation or dollar amount at which automatic increases shall cease.

Time of escalation. The escalation provision above shall apply as of: (select one) (skip unless k. selected)

- l. Each anniversary of the Participant's date of hire
- m. Each anniversary of the Participant's entry into the automatic contribution arrangement
- n. The first day of each Plan Year
- o. The first day of each calendar year
- p. Other: _____

53. Current (or potential) Qualified Automatic Contribution Arrangement (QACA) (the Plan does not have a QACA ADP safe harbor unless the Plan is also making a Qualified ADP safe harbor contribution at 58e) (skip to 54 if 23i1 selected, or unless 21d1 and either 23i3 or 23i4 selected)
Type of automatic elective deferral. The automatic deferral shall be:

- a. Pre-Tax Elective Deferral
- b. Roth Elective Deferral (may only be selected if 22b3 selected)

Participants affected on the effective date of the arrangement. As of the effective date of the QACA, must all Participants complete a new affirmative election in order to avoid automatic deferrals? (select one)

- c. No
- d. Yes, regardless of any affirmative election that was made (or not made) prior to the effective date of this QACA

AND if 53c selected, automatic deferrals will be made for only those Participants who, as of the effective date of the automatic contribution arrangement, have: (select one)

- e. Not made an affirmative election of at least the initial automatic deferral amount
- f. Not made an affirmative election (i.e., if any amount was affirmatively elected, then that Participant is not subject to this QACA)

Automatic Deferral Amount (must select g. or h. below)

Constant automatic deferral amount. Each Participant who is subject to the automatic deferral provisions will have Compensation deferred by the following amount unless otherwise elected by the Participant:

- g. _____% (at least 6, and not more than 10%) of Compensation for each payroll period

Initial Deferral Amount with Escalation. Each Participant who is subject to the automatic deferral provisions will have Compensation deferred by the following amount unless otherwise elected by the Participant:

Initial deferral amount

- h. _____% (at least 3%, and not more than 9%) of Compensation for each payroll period

Escalation of deferral amount (skip to i. if 53g)

The initial automatic deferral amount shall increase as elected below: (select one)

- 1. one percentage point of Compensation per plan year
 - a. up to a maximum of _____% (not more than 10%) of Compensation
- 2. _____ percentage points of Compensation per plan year
 - a. up to a maximum of _____% (not more than 10%) of Compensation
- 3. in accordance with the following schedule:

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

- 4. in accordance with the following schedule (must be at least as rapid, at each point in time, as shown at 53h3, and cannot have a maximum automatic deferral over 10%):

Plan Year Automatic Deferral Amount

- a. 2 _____%
(skip to i. – j. if no escalation beyond this point)
- b. 3 _____%
(skip to i. – j. if no escalation beyond this point)
- c. 4 _____%
(skip to i. – j. if no escalation beyond this point)
- d. 5 _____%
(skip to i. – j. if no escalation beyond this point)
- e. 6 _____%
(skip to i. – j. if no escalation beyond this point)
- f. 7 _____%
(skip to i. – j. if no escalation beyond this point)
- g. 8 _____%

EACA provisions. Is this QACA also intended to satisfy the EACA rules?

- i. No (may not be selected with 23i4)
- j. Yes, (may not be selected with 23i3)

Deferral refunds under EACA. Does the Plan permit Participant withdrawals within 90-days (or less) of first automatic deferral? (select one)

- 1. No
- 2. Yes, within 90 days of first automatic deferral
- 3. Yes, within _____ (not more than 90) days of first automatic deferral

54. Current Eligible Automatic Contribution Arrangement (EACA, but no QACA) (skip to 55 unless 23i2)

Type of automatic elective deferral. The automatic deferral shall be:

- a. Pre-Tax Elective Deferral
- b. Roth Elective Deferral (may only be selected if **22b3** selected)

Participants affected on the effective date of the arrangement. As of the effective date of the EACA, must all Participants complete a new affirmative election in order to avoid automatic deferrals? (select one)

- c. No
- d. Yes, regardless of any affirmative election that was made (or not made) prior to the effective date of this EACA

AND if 54c selected, automatic deferrals will be made for only those Participants who, as of the effective date of the automatic contribution arrangement, have: (select one)

- e. Not made an affirmative election of at least the initial automatic deferral amount
- f. Not made an affirmative election (i.e., if any amount was affirmatively elected, then that participant is not subject to this EACA)

Automatic deferral amount. Each Participant who is subject to the automatic deferral provisions will have Compensation deferred by the following amount unless otherwise elected by the Participant: (select one)

- g. _____% of Compensation for each payroll period, with no escalation
- h. _____% of Compensation for each payroll period, with escalation of: (select one)
 - 1. one percentage point of Compensation per plan year
 - a. up to a maximum of _____% of Compensation
 - 2. _____ percentage points of Compensation per plan year
 - a. up to a maximum of _____% of Compensation
 - 3. in accordance with the following schedule:

<u>Plan Year</u>	<u>Automatic Deferral Amount</u>
a. <input type="checkbox"/> 2	_____%
(skip to i. – j. if no escalation beyond this point)	
b. <input type="checkbox"/> 3	_____%
(skip to i. – j. if no escalation beyond this point)	
c. <input type="checkbox"/> 4	_____%
(skip to i. – j. if no escalation beyond this point)	
d. <input type="checkbox"/> 5	_____%
(skip to i. – j. if no escalation beyond this point)	
e. <input type="checkbox"/> 6	_____%
(skip to i. – j. if no escalation beyond this point)	
f. <input type="checkbox"/> 7	_____%
(skip to i. – j. if no escalation beyond this point)	
g. <input type="checkbox"/> 8	_____%

Affirmative election. Will all Participants who are eligible to make an affirmative deferral election continue to be subject to the annual EACA notice requirement? (select one)

- i. Yes (if selected, then the annual notice must be provided to Participants)
- j. No (if selected, then the Plan cannot use the 6-month period for relief from the excise tax of Code §4979(f)(1))
 - 1. Only the following classification(s) of employees are eligible for the EACA: _____
(must be definitely determinable in accordance with Regulation §1.401-1(b)(1)(ii))

Deferral refunds. Does the Plan permit Participant withdrawals within 90-days (or less) of first automatic deferral? (select one)

- k. No
- l. Yes, within 90 days of first automatic deferral
- m. Yes, within _____ (not more than 90) days of first automatic deferral

55. Escalation of Affirmative Elections

Should Participants' affirmative deferral elections be subject to escalation? (select one) (skip to 57 unless **22a1** or **22b1** selected)

- a. No (skip to 57)
- b. Yes, but only if the Participant voluntarily chooses escalation when completing the deferral election form (skip to 57) (see also **205b**)
- c. Yes, automatically (unless a new deferral election is submitted), for the following Participants:
 - 1. All Participants
 - 2. All Participants who make an affirmative election less than _____%
 - 3. All Participants who make an affirmative election of at least _____%
 - 4. Other: _____ (must be a clearly defined group that does not discriminate in favor of HCEs)

BUT the following Participants shall be excluded from automatic escalation provision: (select one)

- 5. No exclusions
- 6. All Participants who have already made an affirmative election as of the effective date of this automatic escalation feature, and the effective date for this purpose shall be:
 - a. the effective date of this document
 - b. other: _____ (specify date the affirmative election provisions were first implemented)
- 7. Other: _____ (must be a clearly defined group that does not discriminate in favor of HCEs)

AND affirmative elections will increase each year by:

- d. 1%
- e. Other: _____% (specify a number less than 10)

Up to a maximum of 100% unless otherwise specified (select one if applicable):

- f. 10%
- g. Other: _____% (specify a number not greater than 99)

AND each increase shall occur on the following escalation date:

- h. The start of each Plan Year
- i. The anniversary date of the Participant's affirmative election
- j. Other: _____ (specify a time that occurs annually)

First Escalation Date. The automatic escalation provision will apply to a Participant beginning with the second escalation date specified above that occurs after the Participant files an affirmative election (or, if sooner, the effective date of such election), unless **k.** is selected below:

- k. The escalation provision will apply as of the first escalation date described above

56. Skip to 57.

401(K) SAFE HARBOR CONTRIBUTIONS

57. 401(k) Safe Harbor Contributions (skip unless **23d** or **23f** selected)
Is there a special effective date for the 401(k) Safe Harbor Contributions?

- a. No
- b. Yes, _____
(enter the first day of the Plan Year for which the provisions are effective or, if necessary, enter any other special effective dates that apply with respect to the provisions)

58. **ADP Safe Harbor Formulas.** If **23d** or **23f** selected, then alternative 401(k) Safe Harbor Contributions are contained in the Plan. The Plan has the following default contribution alternatives: (**skip to 61** unless **23d** or **23f** selected)
- **AND**, if **23d** selected...
 - **Traditional Basic Matching Contribution** (100% of first 3% deferred, and 50% of next 2% deferred), with the contribution computation period being the entire year;
 - **Traditional Enhanced Matching Contribution** equal to 100% of elective deferrals that do not exceed 4% of compensation, with the contribution computation period being the entire year, and
 - **Traditional Nonelective Contribution** (definite or contingent) equal to 3% of compensation
 - **AND/OR**, if **23f** selected...
 - **QACA Basic Matching Contribution**, with the contribution computation period being the entire year (100% of first 1% deferred, and 50% of next 5% deferred)
 - **QACA Enhanced Matching Contribution** equal to 100% of elective deferrals that do not exceed 3.5% of compensation, with the contribution computation period being the entire year; and
 - **QACA Nonelective Contribution** (definite or contingent) equal to 3% of compensation

Use of default alternatives: (select one)

- a. Use standard parameters for all safe harbor contributions formulas
- b. Make the following modifications: (select at least one of 1. – 6.)
1. **Traditional Basic Matching Contribution**, but using the following matching computation period instead of the plan year (may be selected only if **23d** selected) (select one)
 - a. each payroll period
 - b. all payroll periods ending with or within each month
 - c. all payroll periods ending with or within a Plan Year quarter
 2. **Traditional Enhanced Matching Contribution** equal to _____% (not less than 100%) of elective deferrals that do not exceed (answer **a.** or **b.** below) (may be selected only if **23d** selected)
 - a. N/A (the ACP test will apply) (**skip to e. – g.**)
 - b. _____% (at least 3%, and may not exceed 6% if **22c2** selected) of compensation

plus (answer **c.** or **d.**)

- c. N/A (no additional contributions)
- d. _____% of elective deferrals that exceed the percentage of compensation shown at **58b2b**, but do not exceed 1. _____% of compensation (may not exceed 6% if **22c2** selected)

AND, use the following alternative matching computation period (leave blank if determined on Plan Year basis)

- e. each payroll period
- f. all payroll periods ending with or within each month
- g. all payroll periods ending with or within a Plan Year quarter

NOTE: At any rate of Elective Deferrals, the matching contribution specified above must equal at least the amount of matching contribution that would be made under the Traditional Basic Matching Formula, and the rate of match cannot increase as deferrals increase.

3. **Traditional Nonelective Contribution** (may be selected only if **23d** selected) (select all that apply)
- a. equal to _____% (more than 3%) of compensation
 - b. allocated to _____ (name of other plan)
4. **QACA Basic Matching Contribution**, but using the following alternative matching computation period instead of the plan year (may be selected only if **23f** selected) (select one)
- a. each payroll period
 - b. all payroll periods ending with or within each month
 - c. all payroll periods ending with or within a Plan Year quarter

5. **QACA Enhanced Matching Contribution** equal to: (may be selected only if **23f** selected) _____% (not less than 100%) of elective deferrals that do not exceed (answer **a.** or **b.** below)
- a. N/A (the ACP test will apply) (**skip to b5e – g.**)
 - b. _____% (must be at least 1%, and may not exceed 6% if **22c2** selected) of compensation

plus (answer **c.** or **d.**)

- c. N/A (no additional contributions)
- d. _____% of elective deferrals that exceed the percentage of compensation shown at **58b5b**, but do not exceed 1. _____% of compensation (may not exceed 6% if **22c2** selected)

NOTE: At any rate of Elective Deferrals, the matching contribution specified above must equal at least the amount of matching contribution that would be made under the QACA Basic Matching Formula, and the rate of match cannot increase as deferrals increase.

AND, use the following alternate matching computation period (leave blank if determined on Plan Year basis)

- e. each payroll period
- f. all payroll periods ending with or within each month
- g. all payroll periods ending with or within a (Plan Year) quarter

6. **QACA Nonelective Contribution** (may be selected only if **23f** selected)
- a. equal to _____% (more than 3%) of compensation
 - b. allocated to _____ (name of other plan)

Current (or "Maybe") ADP Safe Harbor Formula. Which of the above ADP safe harbor contributions is in effect on the effective date of the document being drafted (see commentary)? (select one)

- c. No formula currently in effect
- d. Show the following traditional formula for the current year: (select one) (may be selected only with **23d**)
1. use the traditional Basic Matching Formula
 2. use the traditional Enhanced Matching Formula
 3. use the traditional Nonelective Formula
 4. reserve the right to amend the Plan (at least 30 days prior to the end of the current plan year) in order to make the traditional Nonelective Safe Harbor Contribution for the current plan year
- e. Show the following QACA formula for the current year: (select one) (may be selected only with **23i3** or **23i4**)
1. use the QACA Basic Matching Formula
 2. use the QACA Enhanced Matching Formula
 3. use the QACA Nonelective Formula
 4. reserve the right to amend the Plan (at least 30 days prior to the end of the current plan year) in order to make the QACA Nonelective Safe Harbor Contribution for the current plan year

Duration of Current Formula. How long should the ADP safe harbor contribution elected above remain in effect? (**skip to 59** unless **58d** or **58e** is selected)

- f. Stays in effect until an amendment is adopted to end or change the safe harbor contribution
- g. Stays in effect until the end of the current plan year (if using a different contribution method for the forthcoming plan year, see Question **181**)

59. **Excluded and/or Disaggregated Employees – 401(k) Safe Harbor Contribution.** In addition to those employees who are not eligible to make elective deferrals, are there any other exclusions? (skip unless **21d1** selected)

- a. No additional exclusions (**skip to 61**)
- b. Yes, the following additional employees are excluded: (select all that apply)

1. Highly Compensated Employees will be excluded
2. Employees who have NOT attained during the plan year their hypothetical entry date following age 21 and 1 Year of Service (i.e., "otherwise excludable" employees) will be in a separate disaggregated ADP-tested group (may not be selected with **25a** or **25c**)
3. Employees who have NOT attained during the plan year their hypothetical entry date following age and service specifications will be in a separate disaggregated ADP-tested group. (may not be selected with **25a** or **59b2**): (select one or both)
 - a. age: _____ (not greater than 21)
 - b. service: _____ of service (not more than 1 year)
4. Other: _____

Note: Must be one or more HCEs or must be a group of employees who can be excluded under the permissive or mandatory disaggregation rules of Regulations Sections 1.401(k)-1(b)(4) and 1.401(m)-1(b)(4), e.g., all collectively bargained employees.

AND, if b2 or b3 selected, Participants will be treated as being in the safe harbor group for the entire plan year in which the hypothetical entry date occurs. What is the hypothetical date of plan entry for purposes of dividing the ADP population? (select one)

5. Use the same entry dates as for elective deferrals
6. Use the following date(s): (select one)
 - a. 1st day of the Plan Year in which eligibility requirements are met
 - b. the 1st day of the Plan Year and the date six months later (semi-annual)
 - c. other: _____
(no later than the earlier of (a) 6 months after such requirements are satisfied, or (b) the first day of the first Plan Year after such requirements are satisfied)
7. N/A (**b2** or **b3** not selected)

60. Skip to 61.

MATCHING CONTRIBUTIONS

- 61. Employer Matching Contributions** (other than 401(k) Safe Harbor Matching Contributions): (**skip to 69** unless **22d1** selected) (select one)
- a. Discretionary matching amount
 - b. Fixed matching contribution equal to _____% of elective deferrals, plus
 1. N/A
 2. Discretionary matching amount
 - c. A matching contribution equal to a discretionary percentage, to be determined by the Employer, of each tier, to be determined by the Employer, of the Participant's Elective Deferrals
 - d. Fixed matching contribution equal to a uniform percentage of each tier of each Participant's Elective Deferrals, determined as follows:

Tiers (indicate \$ or %)	Matching Percentage
1. First _____	a. _____%
2. Next _____	a. _____%
3. Next _____	a. _____%
4. Next _____	a. _____%
 - e. The Employer will make matching contributions equal to a uniform percentage of each Participant's Elective Deferrals, based on Years (or Periods) of Service determined as follows:

Service	Matching Percentage
1. _____	a. _____%
2. _____	a. _____%
3. _____	a. _____%
4. _____	a. _____%

AND, if e. selected, for purposes of the formula, a Year of Service (or Period) means a Year of Service (or Period) for: (select one)

5. vesting (may not be selected with **26a**)
6. eligibility (may not be selected with **25a**)

- 62. Elective Deferrals taken into account.** In determining the matching contribution specified at **61**, only elective deferrals up to the percentage or dollar amount specified below will be matched: (skip to **62e/f** unless **61a** or **61b**) (select one of **a. - c.**, and may select **d.** if applicable)
- a. N/A; all deferrals will be matched
 - b. Elective deferrals up to _____% of compensation will be matched
 - c. Elective deferrals up to \$ _____ will be matched
 - d. With respect to any discretionary match, a discretionary percentage of a Participant's Compensation or a discretionary dollar amount, the percentage or dollar amount to be determined by the Employer on a uniform basis to all Participants (may be selected only with **61a**)

Note: Any Plan intended to comply with ACP Safe Harbor requirements (i.e., **22c2** selected) will impose appropriate restrictions on the selections made above.

Catch-Up Contributions taken into account. Will catch-up elective deferral contributions be taken into account in applying the matching contribution described at **61**? (skip if **51i**)

- e. No
- f. Yes

63. Overall Limit on Matching amount: The matching contribution made on behalf of any Participant for any Plan Year will not exceed:

- a. N/A; no additional limit on the matching contribution
- b. \$ _____
- c. _____% of Compensation

64. ACP Safe Harbor. If 401(m) ACP Safe Harbor Contributions (**22c2**) selected with **22d1**, should the matching contribution selected at **61** be made for the Plan Year in which 401(k) Safe Harbor Contributions are made for HCEs? (skip unless both **22c2** and **22d1** selected)

- a. No
- b. Yes (may not impose allocation conditions at **67**)
- c. Yes, but any allocation conditions imposed at **67** will be disregarded for such a plan year (so as not to jeopardize the ACP safe harbor)

65. Period of Determination (Matching Computation Period). Fixed 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): (select one)

- a. The entire year
- b. Each payroll period
- c. All payroll periods ending with or within each month
- d. All payroll periods ending with or 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 (may be selected only if **61a** or **61c** selected)

Note: If the Plan provides for both a fixed and discretionary match (**61b2**), then the Plan will provide for a discretionary computation period for the discretionary portion of the match.

66. QMACs. Will all 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 not be selected with **40b** or **41b**)

- 67. Matching contributions** to be made to Participants who:
- Complete a Year of Service (may not be selected with **27a** nor with **22c2** and **64b**)
 - Complete a Year of Service and are actively employed on last day of Plan Year (may not be selected with **27a** nor with **22c2** and **64b**)
 - Are employed on last day of Plan Year (may not be selected with **22c2** and **64b**)
 - Are actively employed on last day of Plan Year or have completed more than 500 Hours of Service (or three months under the elapsed time rules) prior to termination of employment (**skip to 68**) (may not be selected with **27a** nor with **22c2** and **64b**)
 - Are employed at any time during the Plan Year (must be selected if **22c2** and **64b** have been selected) (**skip to 69**)
 - Other: _____
(may not be selected with **22c2** and **64b**)

Note: Must be definitely determinable, not subject to Employer discretion and may not require more than one Year of Service (or Period of Service if the Elapsed Time method is elected)

AND, should the IRC §410(b)(1)(B) ratio percentage fail-safe provisions (eliminating the above conditions) be included? (**skip to 68** unless **67a**, **67b**, **67c** or **67f** selected)

- No
- Yes

- 68. Waiver of conditions – Matching Contribution.** Participants who are not employed at the end of the Plan Year due to any of the following events shall be eligible to share in the allocations regardless of the above conditions: (select all that apply) (**skip to 69** if **67e**)

- Death
- Disability
- Early or Normal Retirement

- 69. AND Forfeitures** of matching contributions will be disposed of no later than the Plan Year in which such forfeitures occur, and will be: (skip unless the following has been selected: **22d** with **40b** OR **41b** or **42b1**) (**skip to 81** if SIMPLE plan (**21b**))

- Used to reduce Employer contribution (other than QNECs, QMACs, and traditional (non-QACA)) (may only be selected with **22c**, **22d1**, **22e1** or **22f1**)
- Used to reduce ordinary matching contributions only (may only be selected with **22d1**)
- Reallocated comp to comp
AND, are allocated to:
 - all Participants
 - only NHCPs
- Treated as an additional discretionary match (may only be selected with **61a**, **61b2** or **61c**)
- Treated as an additional discretionary nonelective contribution (**71a** must be selected) and subject to the allocation conditions for PS contributions (may be selected only with **22e1**)
- Other: _____

Note: Describe the treatment (not the timing) of forfeitures that is some combination of the above.

Note: Plan allows forfeitures to pay expenses.

70. Skip to 71.

NONELECTIVE PROFIT SHARING CONTRIBUTIONS

- 71. Employer Discretionary Contribution to Profit Sharing Plan** (**skip to 76** unless profit sharing contributions (**22e1**) selected) (non-profits should select **a** or **c**.)
- Discretionary, but not limited to profits
 - Discretionary, out of profits (may not be selected with **69e**)

- Fixed contribution equal to _____% of Compensation of Participants eligible to share in allocations (**skip to 76**) (may not be selected with **22e1a** or **69e**)

What is the allocation method?

- Integrated design-based safe harbor (following IRC §401(l)) (answer **72** and **73**, then **skip to 76**)
- Non-integrated design-based safe harbor (answer **74**, then **skip to 76**)
- General Nondiscrimination Testing/Cross-Testing (not a design-based safe harbor) (**skip to 75**)

- 72. Integrated Allocation:** first allocate a nonintegrated percentage of compensation to each eligible Participant

- No
- Yes

AND, the non-integrated percentage is:

- 3%
- 4%
- 5%
- 7.5%

73. Integrated Allocations

- 5.7% and TWB
- 5.7% and 20% of TWB
- 5.7% and \$ _____ (equal to or less than 20% of TWB)
- 5.4% and: (select one)
 - 80% of TWB plus \$1.00
 - _____% of TWB (must be greater than 80% and less than 100%)
 - 80% of wage base plus \$ _____ (must be less than 20% of TWB)
- 4.3% and \$ _____ (greater than 20% of TWB but not in excess of 80% of TWB)
- 4.3% and _____% (not less than 21% nor more than 80%) of TWB

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

74. Non-Integrated Allocations

- Compensation to total of all Compensation
- In the same dollar amount to all Participants (per capita)
- In the same dollar amount per Hour of Service completed by each Participant
- Point System (select all that apply) ("Period of Service" is substituted for "Year of Service" if Elapsed Time Method is elected.)
 - _____ points for each Year of Service
 - No limitation
 - up to _____ Years of Service

AND, Year of Service is:

 - Year of Service for vesting purposes (may not be selected with **26a**)
 - Year of Service for eligibility purposes (may not be selected with **25a**)
 - _____ points for each
 - \$ _____ of compensation (may not exceed \$200)
 - _____ points for each year of age as of the end of the Plan Year

75. General Nondiscrimination/Cross-Testing (select one)

- New comparability formula: Each Participant is in a separate group. In the case of self-employed individuals (i.e., sole proprietors or partners), the requirements of Regulation §1.401(k)-1(a)(6) continue to apply and the allocation method should not be such that a cash or deferred election is created for a self-employed individual as a result of the application of this allocation method.

- b. New comparability formula: Classifications specified below must be clearly defined in a manner that will not violate the definitely determinable allocation requirement of Regulation §1.401-1(b)(1)(ii).
- a. Group A: _____
 - b. Group B: _____
 - c. Group C: _____
 - d. Group D: _____
 - e. Group E: _____
 - f. Group F: _____
 - g. Group G: _____
 - h. Group H: _____
 - i. Additional Groups: _____

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

AND, the allocation method within each group will be:

- 1. pro-rata based on Compensation
- 2. equal dollar amounts (per capita)
- 3. different methods for different groups (enter **a.** and **b.**)
 - a. pro-rata based on Compensation for _____ (e.g., Groups A and C)
 - b. equal dollar amounts (per capita) for _____ (e.g., Groups B and D)

AND, if a Participant shifts from one classification to another during a Plan Year, then unless elected below, the Participant is in a classification based on the Participant's status as of the last day of the Plan Year, or if earlier, the date of termination of employment. However, if elected below, the Administrator will instead apportion the Participant's allocation during a Plan Year based on the following: (select one or none)

- 4. Months in each classification. Pro-rata based on the number of months the Participant spent in each classification
 - 5. Days in each classification. Pro-rata based on the number of days the Participant spent in each classification
 - 6. One classification only. The Employer in a nondiscriminatory manner will direct the Administrator to place the Participant in only one classification for the entire Plan Year during which the shift occurs
- c. Super integrated formula equal to _____% of Compensation, plus either **1.** or **2.** below:
- 1. _____% of Compensation above
 - a. \$ _____
 - 2. Compensation to total of all Compensation in excess of \$ _____
- d. Age weighted with interest of:
- 1. 7.5%
 - 2. 8.0%
 - 3. 8.5%

AND, if using 3% 401(k) Safe Harbor Contribution: (leave blank if NOT applicable) (skip if **21d1** NOT selected)

- 4. include ADP Safe Harbor contributions (to the extent possible) in the age weighted allocations

AND when determining the Gateway Contribution, 415 Compensation shall be recognized as of the:

- e. First day of the Plan Year
- f. Date Participant entered the Plan

76. Forfeitures of Profit Sharing Contributions will be disposed of no later than the Plan Year in which such forfeitures occur, and will be (skip if NONE of the following have been selected: **22e with 40b**, or **41f** or **42b2**)

- a. Used to reduce Employer contributions (other than QNECs, QMACs, and traditional (non-QACA) ADP safe harbor contributions) (**21d1**, **22d1**, **22e1** or **22f1** must be selected)
- b. Reallocated comp to comp (may not be selected with **75d**) **AND**, are treated as:
 - 1. Nonelective Contributions
 - 2. Qualified Nonelective Contributions**AND**, are allocated to:
 - 3. All Participants
 - 4. Only NHCPs
- c. Added to Employer's Nonelective contribution and allocated together (may only be selected with **71a** or **71b**)
- d. Treated as an additional discretionary match (may only be selected with **61a**, **61b2** or **61c**) (may not be selected with **75d**)
- e. Other: _____ (may not be selected with **75d**) Describe the treatment (not the timing) of Forfeitures that is some combination of the above.

Note: Plan allows forfeitures to pay expenses.

77. Participants shall share in the allocation of Profit Sharing contributions for a Plan Year (**skip to 81** if current profit sharing contributions (**22e1**) NOT selected) (select one)

- a. If completed a Year of Service (may not be selected with **27a**)
- b. If completed a Year of Service and actively employed on last day of Plan Year (may not be selected with **27a**)
- c. If actively employed on last day of Plan Year
- d. If actively employed on last day of Plan Year or have completed more than 500 Hours of Service (or three months under the elapsed time rules) prior to termination of employment (**skip to 79**) (may not be selected with **27a**)
- e. If employed at any time during the Plan Year (**skip to 81**)
- f. Other: If _____ (must be definitely determinable, not subject to Employer discretion and may not require more than one Year of Service (or Period of Service if the Elapsed Time method is elected))

78. AND, should the IRC §410(b)(1)(B) ratio percentage fail-safe provisions (eliminating the above conditions) be included? (**skip to 79 unless 77a, 77b, 77c or 77f** selected) (**skip to 81** if **77e** selected)

- a. No
- b. Yes

79. Waiver of conditions. Participants who are not employed at the end of the Plan Year due to any of the following events shall be eligible to share in the allocations regardless of the above conditions (select all that apply):

- a. Death
- b. Disability
- c. Early or Normal Retirement

80. Skip to 81.

PREVAILING WAGE CONTRIBUTION

81. Should the Prevailing Wage Contribution be made subject to the distribution restrictions applicable to QNECs and ADP safe harbor nonelective contributions? (**skip to 82** if Prevailing Wage Contributions (**22f1**) NOT selected)

- a. No
- b. Yes

Shall Highly Compensated Employees be excluded from receiving a Prevailing Wage Contribution?

- c. No
- d. Yes (must be selected if **31b5** or **32f5**)

Shall the profit sharing contributions allocated on behalf of a Participant be reduced (offset) by the Prevailing Wage Contribution made on behalf of such Participant for the Plan Year under this Plan? (skip to 82 if 22e1 not selected)

- e. No, the Prevailing Wage Contribution will be added to amounts allocated pursuant to question 71
f. Yes (may not be selected with 81b)

GENERAL PLAN PROVISIONS

82. Method of allocating Trust earnings

Note: If daily valuations, select a.

- a. Beginning balance
b. Ending balance
1. Including contributions
2. Excluding YTD contributions
3. Excluding 1/2 YTD contributions
4. Excluding YTD non-payroll contributions except excluding only 1/2 of payroll contributions
c. Weighted average
d. Other: _____

Note: Must be a definite predetermined formula that is not based on Compensation and that satisfies the nondiscrimination requirements of Regulation Section 1.401(a)(4)-4 and is applied uniformly to all Participants.

83. Should Top-Heavy provisions be included?

- a. Yes
b. No (may only select if governmental plan or if Plan covers exclusively union employees) (skip to 84)

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

- c. Only Non-Key Employees (must be selected if age weighted allocation (75d) selected)
d. All Participants

If DC and DB Plans are maintained, which Plan provides top-heavy minimum benefit for employees who participate in both plans?

- e. N/A (DC and DB Plans not maintained)
f. Defined Contribution Plan, with 5% minimum
g. Defined Benefit Plan, with 2% minimum accrual
h. 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. selected AND the DC and DB Plans benefit the same Participants, or (2) h. selected.

If 39a and 83a selected, future top heavy contributions should be: (select one)

- i. Treated as a QNEC (consistent with Relius IDP-formatted EGTRRA document)
j. Subject to a 6-year graded vesting schedule (20% after 2 years, plus 20% for each additional year) (may not be selected with 26a)

84. ADP Testing. Method for determining NHCP's actual deferral ratio. Indicate whether the current OR prior year testing method is used to calculate the ADP (skip to 85 unless 22a1 or 22b1 selected)

- a. Current year
b. Prior year

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

- c. Use the following to determine NHCP's actual deferral ratio
1. 3% (a prior-year test election)
2. current year method for the first Plan Year
d. N/A (e.g., this is an existing 401(k) Plan) (may not be selected with 10a)

ACP Testing. Method for determining NHCP's actual contribution ratio. Indicate whether the current OR prior year testing method is used to calculate the ACP (skip to 85 if none of the following selected: 21d1, 22d1, 22g1)

- e. Current year
f. Prior year

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

- g. Use the following to determine NHCP's actual contribution ratio
1. 3% (a prior-year test election)
2. current year method for the first Plan Year
h. N/A (e.g., this is an existing 401(m) Plan) (may not be selected with 10a)

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

- a. No
b. Yes, select one or more of the options below:
1. Top-paid group election: HCE only includes the top 20% of employees ranked by compensation
2. Make the calendar year the "look-back year" when the Plan Year is NOT a calendar year (may not be selected with 18a)

86. Does the Plan accept Rollovers from IRAs and other qualified plans? (skip to 87 unless 22h selected)

- a. No (may not be selected with 22h1) (skip to 86.1)
b. Yes, by all currently employed Participants (may not be selected with 22h2)

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

1. Participants who are no longer employed
2. Eligible Employees expected to enter the Plan

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

- c. No, only at such time(s) as amounts attributable to employer contributions are distributable
d. Yes

AND, should rollover contributions be excluded from determining the value of the Participant's nonforfeitable account balance for purposes of determining any \$5,000 threshold?

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

AND, if this Plan does not provide for current voluntary after-tax contributions, shall the Plan nevertheless accept rollovers of after-tax voluntary contributions? (skip if 22g1 selected)

- g. No or N/A
h. Yes

87. Were deductible QVECs permitted prior to 1/1/87? (skip to 89 if 10a)

- a. No or N/A (new Plan effective after 12/31/86)
b. Yes

88. Skip to 89.

89. May Participant loans be made?

- a. No
b. Yes

90. Will the Plan permit Directed Investments?

- a. No (skip to 91)
b. Yes

If Yes, Directed Investments are permitted for the following accounts:

- c. All Accounts
d. From the following accounts only: (select all that apply)

1. Pre-Tax Elective Deferral Accounts
2. Roth Elective Deferral Accounts (may only be selected with **22b**)
3. Matching Contributions Accounts (may only be selected with **22d**)
4. Qualified Matching Accounts and, when applicable, ADP Safe Harbor matching contributions
5. Nonelective Contribution Accounts and, when applicable, Prevailing Wage Contribution Accounts (may only be selected with **22e** or **22f**)
6. Qualified Nonelective Contribution Accounts, and, when applicable, ADP Safe Harbor nonelective contributions
7. Rollover Accounts (may only be selected with **22h**)
8. After-Tax Voluntary Contribution Accounts (may only be selected with **22g**)
9. Other: _____

Note: Specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion.

- 91. May Life Insurance** be purchased to provide additional death benefits?
- a. No
 - b. Yes, at Administrator's option
 - c. Yes, at option of each Participant

- 92. May Qualifying Employer securities** or qualifying employer real property be purchased?
- a. No
 - b. Yes (may not be selected with **7h2**)

RETIREMENT AND DISABILITY

- 93. Normal Retirement Age (NRA) is:**
- a. _____ birthday (not to exceed 65th and, if this Plan includes transferred pension assets, may not be less than the later of age 55 or the representative typical retirement age for the adopting Employer's industry)

OR, if later the

- b. N/A
- c. _____ anniversary (not to exceed 5th) of joining Plan
BUT in no event later than (leave blank if not applicable)

1. _____ birthday (not to exceed 65th and, if this Plan includes transferred pension assets, may not be less than the later of age 55 or the representative typical retirement age for the adopting Employer's industry)
 - a. or the _____ anniversary of joining the Plan, if later

AND if an amendment was timely adopted to raise the NRA age to comply with IRS Notice 2007-69, specify: (may not be selected unless **10f** selected)

- d. Pre-amendment NRA:
 1. _____ birthday (not to exceed 65th)

OR, if later the

2. N/A
3. _____ anniversary (not to exceed 5th) of joining Plan
BUT, if 93d3 selected, in no event later than (leave blank if not applicable)

4. _____ birthday
 - a. or the _____ anniversary of joining the Plan, if later

Effective date of amendment if other than the first day of the first plan year beginning after June 30, 2008 (complete only when applicable):

5. _____ (may not specify a date earlier than May 22, 2007)

- 94. Normal Retirement Date (NRD)**
- a. First day of the month on or next following NRA
 - b. First day of the month nearest NRA
 - c. Anniversary Date on or next following NRA
 - d. Anniversary Date nearest NRA
 - e. Participant's NRA

- 95. Early Retirement Date**
- a. None provided (**skip to 96**) (may not be selected with **45c**)
 - b. First day of the month coinciding with or next following...
 - c. Anniversary Date coinciding with or next following...

the date on which a Participant reaches
d. age _____

AND, completion of (leave blank if not applicable)

1. _____ Years of Service

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

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

- 96. Disability of Participants to be determined**
- a. No disability benefits provided (may not be selected with **45b, 68b** or **79b**)
 - b. By a physician appointed by Administrator
 - c. Under the Social Security Act
 - d. As determined in accordance with the provisions of the Plan prior to this restatement (may not be selected with **10a**):

97. Skip to 98.

DISTRIBUTIONS

- 98. Plan Distributions** shall be made in Joint and Survivor Annuities
- a. No
 - b. Yes, and Minimum Spouse's Death Benefit shall be equal to:
 1. 100% of Participant's accounts
 2. _____% (not less than 50% of Participant's accounts)

99. If 98a selected, will certain benefits be subject to the Joint and Survivor Annuity rules AND others not?

- a. No or N/A (transfer of assets from pension plan not permitted)
- b. Yes (must be selected if **10f** selected)

Note: If Yes, only Money Purchase assets (**10f**) or other transferred assets, if applicable, as well as any accounts that are permitted to be invested in an annuity contract, will be subject to the Joint and Survivor Annuity rules.

100. Post-Severance Distribution Options (select at least one)

- a. Lump sum
- b. Installments (includes annuities if **98b** selected)
- c. Partial withdrawals (may not be selected with **100d**)
 1. with a minimum of \$ _____
- d. Partial withdrawals or installments only for Participants required to take minimum distributions (i.e., amounts in excess of RMD) (may not be selected with **100c**)
- e. Any form of annuity for only those accounts subject to QJSA requirements (may be selected only with **98b** or **99b**)
- f. Other: _____

Note: Must be definitely determinable and not subject to Employer discretion.

101. Distributions may be made in

- a. Cash only (the value of insurance contracts or other property allocated to the participant's account, and participant loan notes, may be treated as cash for this purpose)
- b. Cash or property
1. Except that the following limitation(s) shall apply (must be definitely determinable and nondiscriminatory):
- _____

102. Distribution upon termination prior to death, disability, or retirement.

For amounts over \$5,000, distributions may be made:

- a. Only upon death, disability or retirement
- b. As soon as feasible after termination of employment
- c. Only after Participant incurs 1-year break-in-service
- d. _____ months after termination of employment
- e. On or after the Anniversary Date following termination of employment
- f. As soon as administratively feasible following the valuation date coincident with or next following the termination of employment
- g. Other: _____
(not later than Normal Retirement Age)

For amounts of \$5,000 or less, lump-sum distributions may be made:

- h. Same as above
- i. As soon as feasible after termination of employment
- j. Only after Participant incurs 1-year break-in-service
- k. On or after the Anniversary Date following termination of employment
- l. As soon as administratively feasible following the valuation date coincident with or next following the termination of employment

103. Participant consent (mandatory distribution provisions)

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

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

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

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

104. Required minimum distributions upon the death of the Participant prior to the commencement of benefit distributions must:

- a. begin within 1 year of death, with spousal exception*
- b. be made within 5 years of death for all beneficiaries
- c. be made within 5 years for nonspouse, with spousal exception*
- d. be made (under one of these two methods) pursuant to the election of the 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, children, or parents, then estate

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

- c. No
- d. Yes (this provision was in all Relius IDP-formatted EGTRRA documents)

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)

Skip to 108.**108. May Hardship Distributions** be made?

- a. No (**skip to 109**)
- b. Yes

AND, hardship shall be determined based upon

- c. Safe Harbor standards of 401(k) Regulations
- d. Facts and circumstances

Hardship distributions are permitted from the following accounts:

- e. All of the following accounts
- f. From the following accounts only:
- Pre-Tax Elective Deferral Accounts
 - Roth Elective Deferral Accounts (may only be selected with **22b**)
 - Matching Contribution Accounts (does not include ADP Safe Harbor or QMAC) (may only be selected with **22d**)
 - Nonelective Contribution Accounts and Prevailing Wage Contributions (does not include ADP Safe Harbor or QNEC) (may only be selected with **22e** or **22f**)
 - Rollover Accounts (may only be selected with **22h**)
 - Transfer Accounts (subject to legal restrictions stated in Plan)

AND, the following limitations apply to hardship distributions:

- g. N/A. No limitations
- h. The following limitations:
- The minimum amount of a distribution is \$ _____ (may not exceed \$1,000)
 - No more than _____ distribution(s) may be made to a Participant during a Plan Year
 - Distributions may only be made from accounts which are fully Vested (may be selected only if **40b, 41b, 41d, 41f, 41h, 41j, 41k** or **83j** selected)
 - A Participant does not include a former employee at the time of the hardship distribution
 - Hardship distributions may be made subject to the following provisions: _____
(must be definitely determinable and not subject to discretion)

Hardship distributions for beneficiaries (select if applicable)

- i. Hardship distributions are allowed for beneficiary expenses effective, for a PPA restatement, as of August 17, 2006 unless another date is elected below:
- _____ (may not be earlier than August 17, 2006) (skip unless **12b** selected)

109. May in-service distributions (other than hardship distributions) be made?

- a. No (**skip to 111**)
- b. Yes, if the Participant has (select one or both)
- attained age _____
 - however, the **only** funds available for in-service distribution are money purchase accounts (select **only** when applicable) (**skip to 109e.-f.**, then **skip to 109h**) (may be selected only if **10f**)
 - reached Normal Retirement Age

In-service distributions are permitted from the following accounts (subject to additional restrictions required by law):

- c. All accounts
- d. From the following accounts only: (select at least one)
 - 1. Elective Deferral Accounts (select at least one of the following)
 - a. pre-tax deferrals
 - b. Roth deferrals (may select only with **22b**)
 - 2. Matching Contributions (select at least one of the following)
 - a. ordinary matching contributions (may select only with **22d**)
 - b. QMACs
 - c. ADP safe harbor matching contributions (may be selected only with **21d**)
 - 3. Nonelective Contribution Accounts and, when applicable, Prevailing Wage Contribution Accounts (select at least one of the following)
 - a. profit sharing contributions (may only be selected with **22e** or **22f**)
 - b. QNECs
 - c. ADP safe harbor nonelective contributions (may be selected only with **21d**)

NOTE: Distributions from a Participant's Elective Deferral Account, Qualified Matching Contribution Account and Qualified Nonelective Contribution Account, and ADP safe harbor contribution accounts are subject to restrictions and generally may not be distributed prior to age 59 1/2.

AND, the following provisions apply to in-service distributions:

- e. None
- f. The following provisions: (select all that apply)
 - 1. The minimum amount of a distribution is \$ _____ (may not exceed \$1,000)
 - 2. No more than _____ distribution(s) may be made to a Participant during a Plan Year
 - 3. Distributions may only be made from accounts which are fully Vested (may be selected only if **40b**, **41b**, **41d**, **41f**, **41h**, **41j**, **41k** or **83j** selected)
 - 4. In-service distributions may be made subject to the following provisions: _____ (must be definitely determinable and not subject to discretion)

Additional in-service distribution events for profit sharing and matching contributions. The following provisions also apply:

- g. In-service distributions may be made if: (select one) (**skip to h.** unless **109c** AND **22d**, **22e** or **22f**; or unless **109d2a** or **109d3a**)
 - 1. The Participant has been a Participant for at least 5 years
 - 2. The amount to be distributed has accumulated in the Plan for at least 2 years
 - 3. Either of the preceding two conditions is met
 - 4. Both the conditions in **g1** and **g2** are met

AND for purposes of **109g**, such distributions may be made at any age unless the following option is selected

- 5. The Participant must also have attained the age specified at **109b**

AND for purposes of **109g**, the following contribution sources will be available: (select one or both)

- 6. Matching contributions (other than QMACs and ADP safe harbor matching contributions) (may select only with **109c** AND **22d**, or if **109d2a**)
- 7. Nonelective contributions (other than QNECs and ADP safe harbor nonelective contributions) (may select only with **109c** AND **22e** or **22f**, or if **109d3a**)

- h. In-service distributions of money purchase pension plan funds are available prior to normal retirement age (select one) (may only be selected with **10f**) (must be selected if **109b1a**)
 - 1. Yes, at age 62
 - 2. Yes, at age: _____ (must be at least age 62)

AND is this provision retroactively effective? (select one) (**skip to 111** unless **12b**)

- 3. No
- 4. Yes, effective as of the first day of the 2007 plan year
- 5. Yes, effective as of: _____ (may not be earlier than the first day of the 2007 Plan Year)

110. Skip to 111.

111. In-Plan Roth Rollover Contributions (skip to 112 unless 22b6 or 22b7 selected)

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

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

- c. Only existing in-service distribution provisions apply. The Plan's existing in-service distribution provisions apply (may be selected only with **109b**) (**skip to 111e-f.**)
- d. 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 safe harbor contributions prior to age 59 1/2: (select one or more of **1. - 4.**)
 - 1. The Participant has attained age _____
 - 2. The Participant has _____ years of participation (specify minimum of 5 years)
 - 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 nonelective 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. - f.**):
 - a. Pre-Tax Elective Deferral Account
 - b. Account(s) attributable to any Employer matching contributions
 - c. Account attributable to Employer profit sharing contributions (may only be selected with **22e**)
 - d. Qualified Nonelective Contribution Account (including any ADP safe harbor nonelective contributions)
 - e. Rollover Account (may only be selected with **22h**)
 - f. Other: _____ (specify account(s) and conditions in a manner that is definitely determinable and not subject to Employer discretion)

Note: Regardless of any election above to the contrary, In-Plan Roth Rollover Contributions are not permitted from a Participant's Elective Deferral Account, Qualified Matching Contribution Account, Qualified Nonelective Contribution Account, or ADP Safe Harbor Account prior to age 59 1/2, and are not permitted prior to age 62 with respect to a Participant's account attributable to amounts transferred into the Plan from a money purchase pension plan or target benefit plan.

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. – 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
- 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: (skip if **12b**)

- e. Effective date: _____ (cannot be earlier than 9/28/10 and cannot be prior to the time the Plan permitted Roth elective deferrals)

Cessation of In-Plan Roth Rollover Contributions. If elected, the provisions described above ceased as of: (response required if **22b7** selected)

- f. Effective date of cessation of In-Plan Roth Rollovers: _____

112. Military Distributions

Continued benefit accruals for those in the military. Does the Plan provide for continued benefit accruals? (select one) (skip unless **21b**, **21d1**, **22d1**, **22e1** or **22f1** selected)

- a. No
- b. Yes, effective as of the effective date of this document
- c. Yes, effective on the first day of the 2007 Plan Year) (may not be selected unless **12b** selected)
- d. Yes, effective as of: _____ (may not be earlier than the first day of the 2007 Plan Year)

Distributions for deemed severance of employment. Does the Plan permit distributions on account of the deemed severance of employment for persons in the military:

- e. No
- f. Yes, effective as of the effective date of this document
- g. Yes, effective as of: _____ (may not be earlier than the first day of the 2007 Plan Year)

Qualified Reservist Distributions. Does the Plan permit distributions on account of the deemed severance of employment for persons in the military: (select one)

- h. No
- i. Yes, effective as of the effective date of this document
- j. Yes, effective as of: _____ (may not be earlier than September 11, 2001)

PPA/HEART/WRERA TRANSITIONAL PROVISIONS
(skip to **118** unless **12b** selected)

113. Non-spousal rollovers prior to 2010. (This provision is mandatory after December 31, 2009.) Non-spousal rollovers to IRAs (or other plans) were first allowed after December 31, 2006 unless a later effective date is selected below:

- a. Prior to 2010 (select one)
1. Non-spousal rollovers were not allowed prior to 2010
2. Non-spousal rollovers were allowed effective _____ (not earlier than January 1, 2007 and not later than January 1, 2010)

114. RMD waivers for 2009 (select one) (skip to **118** unless **12b** selected)

- a. RMDs continued in accordance with the terms of the Plan without regard to WRERA (i.e., no election available to Participants) (skip to **118**)
- b. The payment of RMDs was modified in some way:
1. RMDs continued unless otherwise elected by a Participant
2. RMDs were suspended unless a Participant elected otherwise
3. RMDs for 2009 were suspended for any Participant who was scheduled to receive the first RMD for 2009 or who had no existing election to receive all RMDs (unless the Participant made an election to receive such distribution). RMDs for 2009 were continued for any Participant who had an existing election to receive all RMDs (or a greater stream of payments) (unless the Participant made an election to suspend such distribution)
4. Other: _____

The Plan treated the following amounts as eligible rollover distributions in 2009 (if no election is made, then direct rollovers were offered only for distributions that were eligible rollover distributions without regard to Code §401(a)(9)(H)): (select one or neither)

- c. Both 2009 RMDs and Extended 2009 RMDs
- d. 2009 RMDs, but only if paid with an additional amount that would have been an eligible rollover distribution without regard to Code §401(a)(9)(H)

115. Skip to 118.

OTHER PERMITTED ELECTIONS

118. Miscellaneous Elections (select all that apply)

- a. **Rule of parity.** Exclude rule of parity (all years count)
- b. **Change in eligibility.** If eligibility is being made more strict as of the effective date of the restatement, then all Participants must meet the new requirements, rather than being grandfathered (skip if **10a**)
- c. **Deemed 125 compensation.** Amounts included in compensation because of an election under Code §125(a) shall include deemed 125 compensation as described by IRS Revenue Ruling 2002-27.
- d. **Definition of Spouse.** The term Spouse includes a spouse under federal law as well as the following: _____

PARTICIPATING EMPLOYERS

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

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

AND, (select all that apply)

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

141. FIRST PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

Will there be a Second Participating Employer?

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

142. SECOND PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

- f. NEW PLAN. The Participating Employer's adoption of this Plan constitutes the adoption of a new plan by the Participating Employer, effective as of:
g. RESTATEMENT. The Participating Employer's adoption of this Plan constitutes the adoption of an amendment and restatement of the Plan and effective as of:
with the Participating Employer having originally commenced participation in the Plan effective as of:
1.

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

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

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

Will there be a Third Participating Employer?

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

143. THIRD PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

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

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

Will there be a Fourth Participating Employer?

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

144. FOURTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Fifth Participating Employer?

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

145. FIFTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Sixth Participating Employer?

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

146. SIXTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Seventh Participating Employer?

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

147. SEVENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be an Eighth Participating Employer?

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

148. EIGHTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

Will there be a Ninth Participating Employer?

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

149. NINTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

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

Will there be a Tenth Participating Employer?

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

150. TENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

Will there be an Eleventh Participating Employer?

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

151. ELEVENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Twelfth Participating Employer?

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

152. TWELFTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Thirteenth Participating Employer?

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

153. THIRTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Fourteenth Participating Employer?

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

154. FOURTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

Will there be a Fifteenth Participating Employer?

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

155. FIFTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Sixteenth Participating Employer?

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

156. SIXTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. - i. and j. if applicable)

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

- 1. and originally effective:
2. which plan is being merged into this Plan effective as of:
i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:
j. SPECIAL EFFECTIVE DATES:

Will there be a Seventeenth Participating Employer?

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

157. SEVENTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be an Eighteenth Participating Employer?

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

158. EIGHTEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Nineteenth Participating Employer?

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

159. NINETEENTH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

Will there be a Twentieth Participating Employer?

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

160. TWENTIETH PARTICIPATING EMPLOYER INFORMATION

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

EFFECTIVE DATE(S) (select one of f. – i. and j. if applicable)

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

- 1. and originally effective: _____
- 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Skip to 165.

OPTIONAL UPDATES

- 165. In-Plan Roth Transfers.** Does the Plan permit In-Plan Roth Transfers?
- a. No (**skip to 166 if 108b, otherwise skip to 180**)
 - b. Yes (may only be selected with **22b3**)

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:

- c. The Vested portion of any Account
- d. 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) (may only be selected with **22c** or **22d**)
 - 3. Nonelective Account attributable to Employer profit sharing contributions (may only be selected with **22e**)
 - 4. Qualified Nonelective Contribution Account (includes any ADP test safe harbor nonelective contributions) (may only be selected with **22c** or **22e**)
 - 5. Rollover Account (may only be selected with **86b**)
 - 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. Are there other limitations?

- e. No other limitations
- f. 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)

166. Include hardship provisions of the Budget Act of 2018? Note that the system will not generate an amendment at this time pending further IRS guidance. (skip to **180** if **108b** NOT selected) (An SMM can be generated if 192b6 is selected)

- a. No (**skip to 180**)
- b. Yes. The following default provisions apply unless otherwise elected below. The amendment is effective for the first PY beginning in 2019; loans and 6-month suspension are not required; and earnings on elective deferrals may be withdrawn (if plan permits hardship of elective deferrals). (**skip to 180** if using the defaults)
 - 1. **Retain current provisions for "safe harbor" (deemed financial need) hardships** (n/a if hardships are based on facts and circumstances) (must select a. and/or b.)
 - a. Plan loans must still be obtained
 - b. Elective Deferrals must still be suspended for 6 months
Caution: As of August 2018, there is no IRS guidance on the extent to which this option b. may be used. See commentary.
 - 2. **Modification of hardship sources** (must select a., b. and/or c.)
 - a. Earnings on elective deferrals may NOT be withdrawn
 - b. QNECs (including any safe harbor contributions) may be withdrawn
 - c. QMACs (including any safe harbor matching contributions) may be withdrawn
 - 3. **Effective Date.** The effective date is: _____ (may not be earlier than the first day of the 2019 PY)

Skip to 180.

OTHER PROVISIONS

180. QDIA. Include Qualified Default Investment Alternative?

- (skip if **90a** (plan does NOT provide for directed investments))
- a. No (**skip to 181**)
 - b. Yes
 - 1. However, I want to **skip to Q181** at this time
- (leave c. – i. blank if these will be completed in participant notices at a later time)
- The basic QDIA(S) are: (select one of c. or d.)
- c. **Single Primary QDIA (skip to e.)**

_____ (insert name of the primary QDIA)

Primary QDIA characteristics (select all that apply)

- a. Investment objectives: _____
- b. Risk/return characteristics: _____
- c. Fees/expenses: _____
- d. **Multiple Primary QDIA**
QDIA characteristics (select all that apply)
 - 1. Investment objectives: _____
 - 2. Risk/return characteristics: _____
 - 3. Fees/expenses: _____

4. Description of Investments (select all that apply)
- | Year of NRA | Name of Investment |
|-------------|--------------------|
| a. _____ | 1. _____ |
| b. _____ | 1. _____ |
| c. _____ | 1. _____ |
| d. _____ | 1. _____ |
| e. _____ | 1. _____ |
| f. _____ | 1. _____ |
| g. _____ | 1. _____ |
| h. _____ | 1. _____ |
| i. _____ | 1. _____ |
| j. _____ | 1. _____ |

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

- b. Risk/return characteristics:

- c. Fees/expenses:

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

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

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

- i. _____

181. Separate Amendment for ADP Safe Harbor Formula. Should a separate amendment be adopted to start, change, or stop the current ADP safe harbor method? (**skip to 190** unless **23d** or **23f** selected)

- a. No (**skip to 190**)
- b. Yes

Effective Dates (fill in both)

- c. What is the first day of the plan year in which this amendment will be adopted (i.e. the "current" plan year) is: _____
- d. What is the first day of the plan year beginning after the date that this amendment will be adopted (i.e. the "forthcoming" plan year) is:

Current Plan Year. Is there already a "maybe" safe harbor election in effect for the current plan year, and the employer wants to amend the plan to activate the safe harbor nonelective contribution for the current plan year? (select only when applicable) (skip unless **58d4** or **58e4** selected)

- e. Yes, the Plan is adopting an amendment at least 30 days prior to the end of the current Plan Year to make the ADP safe harbor nonelective contribution for the current Plan Year. (NOTE: This contribution will be a Qualified Nonelective Safe Harbor Contribution if **23i3** or **23i4** has been selected)

Forthcoming Plan Year. For the forthcoming Plan Year, which ADP safe harbor contribution formula will be used? (select one)

- f. Not applicable (may only be selected with **181e**)

- g. No safe harbor contribution will be made for the forthcoming Plan Year (select one) (**skip to 190**)
1. Use the current-year ADP testing method for the forthcoming plan year
2. Use the prior-year ADP testing method for the forthcoming plan year (generally cannot be selected unless the plan has used the current-year ADP testing method (which includes any ADP safe harbor plan year) for a 5 consecutive year period)
- h. Traditional Formula. Use the following traditional ADP safe harbor method: (select one) (may only be selected if **23d** AND neither **23i3** nor **23i4** selected)
1. Basic Matching
2. Enhanced Matching
3. Nonelective
4. Reserve the right to amend the plan in the forthcoming plan year to make a Nonelective Safe Harbor Contribution (such subsequent amendment must be adopted at least 30 days prior to the end of the plan year for which such contribution is being made)
- i. QACA Formula. Use the following QACA ADP safe harbor method: (select one) (may only be selected with **23f** AND either **23i3** or **23i4**)
1. Basic Matching
2. Enhanced Matching
3. Nonelective
4. Reserve the right to amend the plan to make a Nonelective Safe Harbor Contribution (such subsequent amendment must be adopted at least 30 days prior to the end of the plan year for which such contribution is being made)

Duration of Amendment. The amendment's provisions for the forthcoming plan year will: (select one)

- j. remain in effect until such time (if any) that the employer changes these provisions by adopting a subsequent amendment
- k. be effective for only the forthcoming plan year

Skip to 190.

190. Include the following amendment(s):

- a. In-Plan Roth Transfers (may only be selected with **165b**)
- b. Amendment to remove restriction on forfeitures reducing QNECs, QMACs and SH contributions

DOCUMENT REQUESTS

191. Basic Supporting Forms (other than annual notices at **198**)

- 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, Tax Forms, Notice and Index
- c. Select Individual Forms
1. SPD-8.5 x 11
- a. Short Form Q&A
2. Resolution
3. Annual Contribution Notices (may only be selected with **21b**, **23i**, **58d**, **181e** or **181h**)
4. Annual Investment Notice (may only be selected with **180b**)
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)

192. Additional Supporting Forms

- a. No additional forms
b. Also include the following forms:
1. Tax Forms
2. Notice to Interested Parties
3. Submission Instructions (Submission Forms)
4. Appendix for Plan Expense Allocations (appears at the end of the SPD)
5. Appendix for Rollovers From Other Plans (appears at the end of the SPD; applies only if Plan accepts rollovers) (may only be selected with 22h)
6. Include an SMM for hardship provisions of the Budget Act of 2018 (applies only if 166b selected)

Explanation of Forms

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

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

193. Format

Font Options

- a. 9pt Times
b. 8.5pt Arial

Drafting Preferences

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

SPD (8.5 x 11). Include headers and/or footers (skip to 195 if not 191b or 191c1)

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

194. Skip to 195.

If no SPD or Forms (191a & 192a) selected, skip to 210. Otherwise skip to 195.

SUPPORTING FORMS INFORMATION

195. 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 (may only be selected with 19a or 19b1)
1. Fax:
2. Email:
b. Administrator (may only be selected with 19b2)
1. Fax:
2. Email:

196. If Appendix for Plan Expense Allocations selected, include the plan expenses that may be assessed against an individual participant's account? (select a. or all that apply at b. – o.) (skip unless 192b4 selected)

- a. No – not known or appendix will be completed later (skip to 197)
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) (select all that apply)
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) (may not be selected with 108a)
i. In-service distribution. Amount: \$ (applies only if in-service distributions are permitted) (may not be selected with 109a)
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. Terminated participants may incur a pro-rata share of the plan's expenses even though active participants are not charged this fee
n. Other (describe)
o. Other (describe)
p. Other (describe)

197. SPD.

COLA – update the SPD for the 2020 limits (Note: The SPD currently reflects the 2019 dollar limitations on benefits and contributions) (select **a.** if applicable)

- a. Yes, include amounts for the 2020 tax year as follows: (select all that apply)
1. Regular 401(k) deferral limit: \$ _____
 2. SIMPLE 401(k) deferral limit: \$ _____
 3. Regular 401(k) catch-up limit: \$ _____
 4. SIMPLE 401(k) catch-up limit: \$ _____
 5. Annual compensation limit (401(a)(17)): \$ _____
 6. 415 dollar limit: \$ _____

SPD. Include language for past provisions? (adds language to the SPD for certain provisions that are no longer included in the Plan) (leave blank if not applicable; skip if new plan) (may not be selected if **89b** AND **91b** or **91c**)

- b. Yes (select all that apply)
1. Loans were permitted prior to _____ (may not be selected with **89b**)
 2. Life Insurance was permitted prior to _____ (may not be selected with **91b** or **91c**)

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)

198. Annual Contribution and Annual Investment Notices. Include optional language (applies for ALL plans with QDIA provisions and 401(k) plans with SIMPLE, safe harbor or automatic contribution provisions) (skip unless **21b**, **21d1**, **23i** or **180b** selected)

- a. **Effective Date of Notice:** Fill in effective date of notice(s). Notice is effective for the forthcoming Plan Year beginning on: _____ (skip if using the effective dates specified at Question **181**)
- b. **Cover Letter.** Include Annual Notices cover letter; note if both Annual Contribution Notice and Annual Investment Notice are provided, there will be a single cover letter unless **3.** is selected below) (skip unless **198a**)
1. **Date.** Cover letter should be dated as follows (optional): _____
 2. **Employer Contact.** Include name of person to contact (optional): _____
 3. **Separate QDIA Letter.** Include separate cover letter for Annual Investment Notice (QDIA) (only applies for 401(k) with QDIA AND SIMPLE, safe harbor or automatic contribution provisions). (skip unless **180b** AND **21b**, **21d1** or **23i** selected AND **180b1** NOT selected)

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

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

Loans may be made from the following accounts:

- c. All Accounts (**skip to g.**)
- d. From the following accounts only:
1. Pre-Tax Elective Deferral Accounts
 2. Roth Elective Deferral Accounts (may only be selected with **22b**)
 3. Matching Contribution Accounts (may only be selected with **22d**)
 4. Qualified Matching Accounts (includes Safe Harbor matching contributions)
 5. Nonelective Contribution Accounts (may only be selected with **22e** or **22f**)
 6. Qualified Nonelective Contribution Accounts (includes Safe Harbor nonelective contributions)
 7. Rollover Accounts (may only be selected with **22h**)
 8. After-Tax Voluntary Contribution Accounts (may only be selected with **22g**)
 9. Other _____

AND, if d. selected above, then the following will be applied: (**skip to g.** unless **199d** selected) (if left blank, then **f.** below applies)

- e. By determining the limits by only considering the restricted accounts
- f. By determining the limits taking into account a Participant's entire interest in the Plan

Loan Interest Rate

- g. Loans will be granted at the following interest rate: (if left blank, then **3.** below applies)
1. _____ percentage points over the prime interest rate
 2. _____%
 3. the Administrator will establish the rate in a nondiscriminatory manner, based on a commercially reasonable rate of interest

Refinancing (select if applicable)

- h. Loans may be refinanced

200. If Appendix for Rollovers selected, the Plan will accept direct rollovers of an eligible rollover distribution from the sources specified below: (**skip to 201** unless **192b5** selected)

- a. N/A -- blank form provided; appendix to be completed later (**skip to 201**)
- b. The Plan will accept a direct rollover of an eligible rollover distribution from: (select all that apply)
1. a qualified plan described in IRC §401(a), **excluding** after-tax employee contributions
 2. a qualified plan described in IRC §401(a), **including** after-tax employee contributions (may be selected only if **22g** or **86h** selected)
 3. a qualified plan described in IRC §403(a) (an annuity plan), **excluding** after-tax employee contributions
 4. a qualified plan described in IRC §403(a) (an annuity plan), **including** after-tax employee contributions (may be selected only if **22g** or **86h** selected)
 5. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **excluding** after-tax employee contributions
 6. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **including** after-tax employee contributions (may be selected only if **22g** or **86h** selected)
 7. if this Plan permits Roth Elective Deferrals, a Roth elective deferral account from... (select all that apply) (may not be selected unless **22b3**)
 1. a qualified plan described in IRC §401(a)
 2. a qualified plan described in IRC §403(b) (a tax-sheltered annuity plan)
 8. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

- c. **Participant Rollover Contributions (other than direct rollovers) from Other Plans**
 The Plan will accept a participant contribution of an eligible rollover distribution: (select all that apply)
1. a qualified plan described in IRC §401(a)
 2. a qualified plan described in IRC §403(a) (an annuity plan)
 3. an annuity contract described in IRC §403(b) (a tax-sheltered annuity)
 4. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

Participant Rollover Contributions from IRAs:
 The Plan: (select one)

d. will
 e. will not

accept a participant rollover contribution of the portion of a distribution from a traditional IRA that is eligible to be rolled over and would otherwise be includible in gross income. Rollovers from Roth IRAs or a Coverdell Education Savings Account (formerly known as an Education IRA) are not permitted because they are not traditional IRAs. A rollover from a SIMPLE IRA is allowed if the amounts are rolled over after the Participant has been in the SIMPLE IRA for at least two years.

- 201. Valuation Date.** Do you want the SPD to show the frequency of valuation dates (if more frequent than annually)?
- a. No
 - b. Yes
 1. daily
 2. semi-annually
 3. quarterly
 4. other: _____

- 202. Optional Index Information**
- a. Include blank lines to enter amendment information

Skip to 210 if no SPD or Forms (191a & 192a) selected, otherwise skip to 205.

ADMINISTRATIVE FORMS

- 205. Deferral Elections.** Include optional language (leave blank if not applicable) (skip to 206 unless 51a, 51b or 51c selected)
- a. **Lapse of Affirmative Elections.** Affirmative deferral elections will lapse at the end of each Plan Year
 - b. **Voluntary Escalation of Affirmative Elections** (may only be selected with 55b). Include option for Participants to elect to automatically escalate an Affirmative Election in accordance with the following:
Escalation amount. A Participant's Affirmative Election will increase by:
 1. _____% of Compensation up to a maximum of a. _____% of Compensation (leave blank if no limit)
 2. other: _____**Timing of escalation.** The escalation will apply as of:
 3. first day of each Plan Year
 4. anniversary of date of participation
 5. other: _____**First period of application.** Unless selected below, the escalation provision above will apply as of the second period specified above that begins after the period in which the Participant first has contributions made pursuant to a default election.
 6. The escalation provision will apply as of the first period after the Participant first has contributions made pursuant to a default election.

- c. **Suspended Deferrals.** A Participant's deferral election will NOT be treated as lapsing at the start of any suspension period due to hardships (108c) or a deemed distribution for qualified military service (112f or 112g) (i.e., such Participant's deferrals will resume if such deferral election is otherwise still in effect) (may be selected only if 108c, 112f or 112g selected)

- 206. SPD and Forms.** Include optional language (a. – b. may only be selected if Plan provides for mandatory distributions of amounts more than \$1,000) (skip to 206c unless 103b1)
- a. **Automatic IRA Rollover – amount.** If no participant election is made, mandatory distributions of at least: \$ _____ (specify \$1,000 or less) will be automatically rolled over to an IRA. (Note: If this option is NOT selected, mandatory distributions of amounts of \$1,000 or less will be distributed in a lump-sum.)

- Distribution Election Form.** Include optional language (if b. not selected, the form will include blanks to complete the information at a later time)
- b. **Automatic IRA Rollover – issuer.** Include name and address of the financial institution where the IRA will be established
 1. Name of IRA Institution: _____
 2. Address: _____

- SPD.** Does the plan intend to comply with ERISA 404(c) in operation (with respect to accounts subject to participant investment directions)? (may only be selected with 90b)
- c. **ERISA 404(c).** Yes, the SPD should describe that compliance with ERISA 404(c) is intended.

- SPD.** Contact Information for Special Trustee specified at 20e (with regard to the duty to collect): (skip unless 20e selected)
- d. **Special Trustee Title:** _____
 1. Use Employer address and telephone number
 2. Use Trustee address and telephone number
 3. Use address and telephone number below:

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

Skip to 210.

FORM 5307 INFORMATION

IRS SUBMISSION REQUIREMENTS:
 If you are receiving Form 5307 with your document package, the following information may be answered on the Form 5307 by completing the questions below. **For additional information refer to instructions for Form 5307.**

- 210. Are there modifications to the volume submitter plan? (skip to 210c. – d. if 11b)**
- a. No (skip remaining questions)
 - b. Yes
- AND will an IRS submission be made?**
- c. No (plan will have no reliance) (skip remaining questions)
 - d. Yes

211. 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) _____

212. **(2a)** Person to contact if more information is needed.
 (If same as plan sponsor, select a. If other than plan sponsor, complete b. – i. below.)
 a. N/A (Form 2848 will be filed) (skip to next question)
 b. _____
 (Name)
 c. _____
 (Address)
 d. _____ e. _____ f. _____ g. _____
 (City) (State) (Zip code + 4)
 h. Telephone number _____
 i. Fax number _____

213. **(3a)** Determination requested for:
 a. Initial Qualification
 b. Request after initial qualification (complete 1. and skip to d.) (may not be selected with 10a)
 1. Effective date of restatement _____ (MMDDYYYY)
 If Initial Qualification:
 c. Date plan signed _____ (MMDDYYYY)
(3c) Enter number of amendments included
 d. _____

- (3d)** Enter the date the amendment(s) were signed (MMDDYYYY)
 e. _____
 f. _____
 g. _____
 h. _____

- (3e)** Enter the date the amendment(s) were effective (MMDDYYYY)
 i. _____
 j. _____
 k. _____
 l. _____

214. **(3f)** Has the Plan received a determination letter?
 a. Yes
 b. No (**skip to 216.**)
(3g/3h) If Yes, answer c. and/or d. if known.
 c. Date of letter _____ (MMDDYYYY)
 d. Number of amendments _____

215. Skip to 216.

216. **(3n)** Is this plan an offset arrangement with any other plan?
 a. Yes
 b. No
 c. Not known
 d. **(4c)** Enter month plan year ends (MM) _____
 e. **(4d)** Enter plan's original effective date (MMDDYYYY) _____
 f. **(4e)** Enter number of participants: _____

217. **(6a)** Is employer a member of an affiliated service group (ASG)?
 a. Yes (an attachment to the Form must be prepared by you (see IRS instructions))
 b. No
(6b) Is employer a member of a controlled group or a group of trades or businesses under common control?
 c. Yes (an attachment to the Form must be prepared by you (see IRS instructions))
 d. No

218. Skip to 219.

219. **(8d-5307)** 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

220. **(9a)** Do you maintain any other qualified plan(s) under section 401(a)?
 a. Yes
 b. No (**skip to 223**) (may not be selected with 83f, 83g or 83h)
 c. Not known (**skip to 223**) (may not be selected with 83f, 83g or 83h)

221. **(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 (**skip to 222**)
 c. Not known (**skip to 222**)

If Yes, when the plan is top-heavy, do the non-key employees covered under both plans receive the required top-heavy minimum contribution or benefit under:
 (1) This plan?
 d. Yes
 e. No
 f. Not known
 (2) The other plan?
 g. Yes
 h. No
 i. Not known

222. **(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 (may not be selected with 83e)
 b. No (**skip to 223**) (may not be selected with 83f, 83g or 83h)
 c. Not known (**skip to 223**) (may not be selected with 83f, 83g or 83h)

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 plan?
 d. Yes
 e. No
 f. Not known

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

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

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

- j. Yes
- 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

223. (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

Does the plan include the following groups? (skip if **31a**)

- d. Only hourly rate employees
- e. Only salaried employees

(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

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

224. (10c-g) Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending before the: (select all that apply at **a. - e. OR f. or g.**)

- a. Internal Revenue Service
- b. Department of Labor
- c. Pension Benefit Guaranty Corporation
- d. Voluntary Compliance Resolution Program of the Employee Plans Compliance Resolution System (EPCRS), or Employee Benefits Security Administration

- e. Any court
- f. No (none of the above)
- g. Not known

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

- a. Yes
- b. No (skip remaining questions)
- c. Not known (skip remaining questions)

226. (12a) Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(l)?

- a. Yes
- b. No (**skip to 228**)
- c. Not known (**skip to 228**)

227. (12b) Do the provisions of the plan ensure that the overall permitted disparity limits will not be exceeded?

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

228. (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 account
- 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

229. (12d) List the plan section(s) that satisfy the safe harbor (including, if applicable, the permitted disparity requirements) here:

a. _____