

PLAN LOANS

74. Complete this question to provide information on the Loan Policy only if AC1b (61b) has been selected.

- a. **Borrower qualification**
 - 1. No investigation
 - 2. Must be creditworthy

- b. **Loan limitations**
 - 1. Minimum amount. May not borrow less than \$1,000 in any single loan.
 - 2. Maximum number of loans. May not have more than _____ loan(s) outstanding.
 - 3. Refinancing
 - a. Not permitted
 - b. Permitted. A refinance for purposes of the limit on number of loans is:
 - 1. Not treated as an additional loan
 - 2. Treated as an additional loan
 - 4. Purpose
 - a. Any reasonable purpose
 - b. May not borrow except for: _____
 - 5. Account ordering. Loan will come first from (Roth, pre-tax deferrals or other accounts):
 - a. Participant's choice
 - b. Plan Administrator's choice
 - c. As follows:
 - 1. first: _____
 - 2. second: _____
 - 3. third: _____

- c. **Loan terms**
 - 1. Interest
 - a. 2% over USA Today prime
 - b. _____%
 - c. Plan Administrator establishes
 - 2. Home loan term
 - a. _____ years
 - b. Plan Administrator establishes
 - 3. Directed/general Trust investment
 - a. Directed
 - b. General
 - 4. Charges
 - a. apply to borrower's account
 - b. apply to overall Trust or Employer pays
 - 5. Loan acceleration. Upon the following:
 - a. Separation/severance. Not applicable to parties in interest.
 - b. Plan termination
 - 6. Leave of absence
 - a. Military
 - 1. Suspend payments
 - 2. Not suspend
 - b. Non-military
 - 1. Suspend payments
 - 2. Not suspend

- d. **Default**
 - 1. Maximum grace period applies
 - 2. No grace period
 - 3. Includes false statements
 - 4. No new loan if:
 - a. Current default
 - b. Current or prior default

RELATED/PARTICIPATING EMPLOYERS

75. Are there Related Employers (or in the case of a Multiple Employer Plan, unrelated Employers) who are adopting the Plan as Participating Employers?

- (if AC5b1 (65b1) has been selected, skip to 104 if 401(k); skip to 110 if PS or MP)
- a. No (skip to 104 if 401(k); skip to 110 if PS or MP)
 - b. Yes

AND (select all that apply)

- 1. list the Participating Employers in the SPD (and in the Notice to Interested Parties if this is a Volume Submitter Plan with modifications)
- 2. include Participation Agreements for Related/Participating Employers

76. **FIRST PARTICIPATING EMPLOYER INFORMATION**

- a. **Effective Date(s)**. (Choose one):
 - 1. New Plan. The Participating Employer's adoption of this Plan is as a new Plan, effective on: _____
 - 2. Restated Plan. The Participating Employer's adoption of this Plan is as a restated Plan. The restated Effective Date as to the Participating Employer is: _____
(optional if PPA restatement)
The Plan as to the Participating Employer was originally effective on: _____

 - b. **Different elections or special Effective Dates**. (Choose one):
 - 1. None. There are no different elections or special Effective Dates which apply to the Participating Employer.
 - 2. Applies. As to the Participating Employer, the following elections apply (or do not apply) which are different (or have different Effective Dates) than the elections applicable to the Signatory Employer:
 - a. Election number _____
 - 1. Applies
 - 2. Does not apply
 - 3. Completion of election blanks-as necessary
 - 4. Effective Date _____
 - b. Election number _____
 - 1. Applies
 - 2. Does not apply
 - 3. Completion of election blanks-as necessary
 - 4. Effective Date _____
-
- c. Name _____
 - 1. Lead Employer

- d. Address (Street) _____
1. City _____
 2. State _____
 3. Zip _____
- e. Telephone _____
- f. Taxpayer Identification Number (TIN) _____
- g. Fiscal Year _____

Will there be a Second Related/Participating Employer?

- h. No (skip to 104 if 401(k); skip to 110 if PS or MP)
- i. Yes

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

Skip to 104.**OTHER PROVISIONS****104. Optional Provisions** (if not applicable, skip to 110)

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

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

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

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

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

Other limitations on In-Plan Roth Transfer

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

Skip to 110.**DOCUMENT REQUESTS****110. Do you want an Adoption Agreement?**

- a. No
- b. Yes

Do you want n/a printed in the blank fields of all unselected choices

1. Yes
2. No

Font Options for Adoption Agreement (default is 9pt Times unless otherwise selected below)

3. 8.5pt Arial

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

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

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

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

111. Volume Submitter plans (select one)

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

112. Basic Supporting Forms

- a. No basic forms
- b. Includes all forms—SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices (402(f)), Administrative Forms with Guide, Resolution and Index (Tax Forms and Notice only included for Volume Submitter Plans with modifications)
- c. Select Individual Forms
1. SPD-8.5 x 11
 - a. Short Form Q&A
 2. Resolution
 3. Annual Contribution Notices (applies only for 401(k) plans with SIMPLE, safe harbor or automatic contribution provisions)
 4. Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions)
 5. Tax Notices (402(f))
 6. Administrator's Guide
 7. Index
 8. Administrative Forms (select all that apply)
 - a. General Forms
 - b. Distribution Forms (General)
 - c. Distribution Forms (Death)
 - d. Distribution Forms (In-Service)
 - e. Loan Forms (applies only if loans to Participants are permitted)

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

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

To the Plan Administrator - Explanation of Forms

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

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

114. Format - Supporting Forms

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

- a. 8.5pt Arial

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

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

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

- a. Yes (select all that apply)
1. Header for SPD: _____
 2. Footer for SPD: _____
 3. Footer for SPD title page:
 - a. _____
 - b. same as footer at 2. above.

Skip to 117.

SUPPORTING FORMS INFORMATION

117. Is the Employer a member of an affiliated service group?

- a. Yes
 b. No

Is the Employer a member of a controlled group?

- c. Yes
 d. No

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

- a. Employer
1. Fax: _____
- b. Trustee (may only be selected with 10a or 10b)
1. Fax: _____
 2. Email: _____
- c. Plan Administrator
1. Fax
 - a. _____
 2. Email (If 2. is selected without selecting a., email address entered at 1.h. will be used)
 - a. _____

- d. Separate Trust Agreement Trustee (may only be selected with 5c or 5e)
1. Name of Trustee: _____
 2. Fax: _____
 3. Email: _____
- e. Plan Administrator (select only if the Plan Administrator is not the Employer)
1. Name of Plan Administrator: _____
 2. Address if not same as Employer:
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 3. Telephone if not same as Employer: _____

119. If Appendix for Plan Expense Allocations selected, the plan expenses that may be assessed against an individual participant's account may be included (select all that apply at a. - r.; leave blank if amounts not known or appendix will be completed later) (skip unless 113a4 selected)

- a. General Plan expenses. Plan expenses (such as administration charges) which the Employer may elect not to pay will be charged against the Plan as follows (Choose one or more of 1. through 4.):
1. pro rata based on account balance
 2. per capita (equally) to all Participants, Beneficiaries and Alternate Payees
 3. Based on use. To each Participant, Beneficiary or Alternate Payee based on use of a Plan feature, receipt of a distribution or other individual transaction or event.
 4. A combination of all of the foregoing
- b. Charges to individual Participant accounts:
1. No - not known or appendix will be completed later.
 2. As follows (select all that apply at c. - r.):
- c. Distribution following termination. Amount: \$ _____
- d. 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 \$ _____
- e. Installment distribution. Amount: \$ _____ (applies only if installments selected under form of distributions)
- f. Administrative processing fee to eliminate certain small account distributions.
- g. Participant loan. (applies only if loans to participants are permitted)
1. Amount of application fee: \$ _____
 2. Amount of annual maintenance fee: \$ _____
- h. QDRO. Amount: \$ _____
- i. Hardship distribution. Amount: \$ _____ (applies only for 401(k) or Profit Sharing if hardship distributions are permitted)
- j. In-service distribution. Amount: \$ _____ (applies only if in-service distributions are permitted)
- k. RMD. Amount: \$ _____
- l. Participant direction of investment: brokerage account option. Amount: \$ _____ (applies only if Participant directed investments are permitted)
- m. Benefit calculation. Calculation of benefits, including determination of substantially equal payments. Amount: \$ _____
- n. Missing Participant Search. Amount: \$ _____
- o. Terminated Participant account maintenance. Amount: \$ _____
- p. Other (describe) _____
- q. Other (describe) _____
- r. Other (describe) _____

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

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

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

- b. Yes (select all that apply)
1. Loans were permitted prior to
2. Life Insurance was permitted prior to
3. Employee (after-tax) Contributions were permitted prior to

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

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

SPD and Annual Contribution Notices. Automatic Deferral and/or Automatic Escalation Effective Date(s).

- d. Automatic Deferral Effective Date. Enter the Effective Date for the Automatic Deferral provisions entered in 21b (leave blank if not applicable):
e. Automatic Escalation Effective Date. Enter the Effective Date for the Automatic Escalation provisions entered in 34b (leave blank if not applicable):

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

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

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

- c. Blank notice. Include blank notice for future Plan Years.
d. Filled-in notice. Include completed notice for current Plan Year (1. and 2. below must be completed)
1. Plan Year ending date. Fill in effective date of notice. Notice is effective for Plan Year ending on: (month day, year)

- 2. Safe Harbor Nonelective Contribution. Employer has decided to: (Note: If b. or c. is selected, Plan must be amended.)
a. Not make a contribution
b. Amend the Plan to contribute 3% of compensation
c. Amend the Plan to contribute % (not less than 3%) of compensation

Amendment (only applies to safe harbor chosen at Question 30.b.)

- e. Include amendment to implement an ADP test Safe Harbor Nonelective Contribution (amendment will be blank unless d.2.b. or d.2.c. is selected).

122. QDIA Notice

(applies only for plans that include QDIAs (AC2(b)(4)a (62b4a) has been selected) if 112b or 112c4 selected; skip to 123 if information will be completed in participant notices at a later time)

The QDIA(s) are: (insert name of investment)

- a. Primary QDIA type (Choose one of 1., 2., or 3. and complete b. as applicable.)
1. Life cycle or targeted retirement date fund: (select a. if single investment is used, or b. if multiple investments are used):
a. Single investment (name of investment):
b. Multiple investments (complete a. through y. as applicable):

Table with 2 columns: Year of NRA, Name of Investment. Rows a through y.

- 2. Balanced Fund (name of investment):
3. Managed account (name of investment):

- b. Primary QDIA characteristics (select all that apply)
 - 1. Investment objectives: _____
 - 2. Risk/return characteristics: _____
 - 3. Fees/expenses: _____
- c. 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: _____
- d. Description of right to direct to other investments
 - 1. Frequency: _____
 - 2. Fees/expenses to transfer after 90 days: _____

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

- a. Salary Reduction Agreement (applies only for 401(k) plans).
 - 1. Include option to automatically escalate an affirmative deferral election by _____% as of:
 - a. first day of each plan year
 - b. anniversary of date of participation
 - c. Other: _____
 - 2. Include language to complete the following:
 - a. Modifications to the Agreement are permitted
 - b. I am also permitted to revoke my Agreement as of _____
- b. **Distribution Election Form.** (Issuer of Automatic IRA). If the plan includes provisions for an Automatic IRA Rollover, include name and address of the financial institution where the IRA will be established
 - 1. Name of IRA Institution: _____
 - 2. Address: _____

124. Optional Index Information

- a. Include blank lines to enter amendment information

Skip to 130.

FORM 5307 INFORMATION

IRS SUBMISSION REQUIREMENTS

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

- 130. Completion of Form 5307 for IRS submission** (Form 5307 only applies for Volume Submitter plans with minor modifications)
 - a. Yes
 - b. No or N/A (skip remaining questions)
- 131.**
 - a. **(1e)** Employer state abbreviation (ex. FL) _____
 - b. **(1f)** +4 digit Zip code _____ (ex: 12345-XXXX)
 - c. **(1g)** Country _____
 - d. **(1j)** Fax number _____
 - e. **(1k)** Employer's tax year ends--Enter (MM) _____
- 132. (2a)** Person to contact if more information is needed. (If same as plan sponsor, select a. If other than plan sponsor, select b. AND complete 1. - 8. below.)
 - a. N/A (Form 2848 will be filed) (skip to next question)
 - OR
 - b. Yes
 - 1. _____ (Name)
 - 2. _____ (Street)
 - 3. _____ (City) 4. _____ (State) 5. _____ - 6. _____ (ZIP + 4)
 - 7. **(2f)** Telephone number _____
 - 8. **(2g)** Fax number _____
- 133. (3a)** Determination requested for
 - a. Initial Qualification
 - b. Request after Initial Qualification

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

 - c. _____

(3c) Enter number of amendments included

 - d. _____

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

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

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

 - i. _____
 - j. _____
 - k. _____
 - l. _____
- 134. (3f)** Has the plan received a determination letter?
 - a. Yes
 - b. No

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

 - c. _____

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

 - d. _____

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

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

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

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

137. **(7b)** Is this a volume submitter plan?
 a. Date of Advisory Letter: _____
 b. Serial Number: _____

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

- c. Yes
 d. No
 e. Not known

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

- f. Yes
 g. No
 h. Not known

138. **(8d)** Is this a collectively bargained plan? (See Regulations section 1.410(b)-9.)

- a. Yes
 b. No
 c. Not known

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

- d. Yes
 e. No
 f. Not known

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

- g. Yes
 h. No
 i. Not known

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

- a. Yes
 b. No
 c. Not known

140. **(9b)** Do you maintain another plan of the same type (i.e., both this plan and the other plan are defined contribution plans or both are defined benefit plans) that covers non-key employees who are also covered under this plan?

- a. Yes
 b. No
 c. Not known

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

(1) This plan?

- d. Yes
 e. No
 f. Not known

(2) The other plan?

- g. Yes
 h. No
 i. Not known

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

- a. Yes
 b. No
 c. Not known

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

(1) The top-heavy minimum benefit under the defined 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

142. **(9d)** Does the plan prevent the possibility that the section 415 limitations will be exceeded for any employee who is (or was) a participant in this plan and any other plan of the employer?

- a. Yes
 b. No
 c. Not known

143. **(10a)** Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit including an amendment adopted after September 6, 2000, to eliminate the joint and survivor annuity form of benefit?

- a. Yes
 b. No
 c. Not known

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

- a. Internal Revenue Service
 b. Department of Labor
 c. Pension Benefit Guaranty Corporation
 d. Voluntary Compliance Resolution Program of the Employee Plans Compliance Resolution System (EPCRS), or
 e. Any court
 f. Not known

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

- a. Yes
 b. No
 c. Not known

146. (12a) Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(l)?

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

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

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

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

- a. A—1.401(a)(4)-2(b)(2) defined contribution (DC) plan with uniform allocation formula
- b. B—1.401(a)(4)-3(b)(3) unit credit defined benefit (DB) plan
- c. C—1.401(a)(4)-3(b)(4)(i)(C)(1) unit credit DB fractional rule plan
- d. D—1.401(a)(4)-3(b)(4)(i)(C)(2) flat benefit DB plan
- e. E—1.401(a)(4)-3(b)(5) insurance contract plan
- f. F—1.401(a)(4)-8(b)(3) target benefit plan
- g. G—1.401(a)(4)-8(c)(3)(iii)(b) cash balance plan
- h. Not known

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

- a. _____