

1. DOCUMENT TYPE

- f. Money Purchase
g. Target (complete Target questions: 120 - 134)

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)
3. Fully-insured volume submitter plan (no trust or trustee provisions)
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. (City) c. (State) d. (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.

Is this Plan being converted from a profit sharing Plan? (cannot have been 401(k) Plan)

- e. No or N/A (skip to 11)
f. Yes

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

- g. No
h. Yes

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

- 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

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

- 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 money purchase 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)

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.) (skip to 20f if 1c3 selected)

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. (City) c. (State) d. (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. (City) c. (State) d. (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: \_\_\_\_\_

**OR for fully insured plan** with no trust (skip unless **1c3** selected)

- f.  Enter name of carrier (may not be left blank):  
\_\_\_\_\_

**CONTRIBUTION TYPES**

- 21. Is this a thrift plan** (i.e., a plan with mandatory employee contributions)? (skip to **22** if Target Plan (**1g**) selected)
  - a.  No
  - b.  Yes (ALL Employer contributions are ACP tested)
- 22. May (or did) employees voluntarily make after-tax contributions?**
  - a.  No
  - b.  Yes (select **1.** or **2.**)
    - 1.  currently permit employee voluntary contributions (may not be selected with **11b**)
    - 2.  NOT currently permitted but had been permitted in the past
- 23. Prevailing Wage Contributions** - Are there any prevailing wage contributions? (skip to **24** if Target Plan (**1g**) or Thrift Plan (**21b**) selected)
  - a.  No
  - b.  Yes
    - 1.  the only employer contributions to the plan are prevailing wage contributions (and the only participants in the plan are government contract employees)
    - 2.  prevailing wage contributions will be made in addition to employer's regular contributions
    - 3.  the employer's regular contribution will be offset by the amount of any prevailing wage contributions

**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** 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 **77a**, **77b** or **77d** will be selected) (may not be selected for target plan (**1g**))
  - 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** if **11b**)
  - a.  No exclusions (skip to **34**) (must be selected if **23b1**)
  - 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.  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 NHCs 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).

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**32. Skip to 34.**


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**ELIGIBILITY**

**34. Conditions for Eligibility.** Any Eligible Employee will be eligible to participate upon satisfaction of the following: **(skip to 39 if 11b)**

**Note:** For Prevailing Wage Contribution, there is no service or age requirement. Prevailing Wage Contribution option not available with thrift plan.

- a.  N/A (Plan only provides for Prevailing Wage Contributions – **skip to 37**) (may only be selected if 23b and must be selected if **23b1**)
- b.  Any Eligible Employee will be eligible to participate upon satisfaction of the following:
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 24 months) (**40a** must be selected if more than 12 months)
  - b.  1 Year of Service
  - c.  \_\_\_\_\_ Hours of Service (not to exceed 1,000) within
    1. \_\_\_\_\_ consecutive months (not to exceed 24) from the Eligible Employee's date of hire. (If an employee does not complete the stated Hours of Service during the specified time period, the Employee is subject to the Year of Service requirement) (may not be selected with **24a2** or **25c**)
  - d.  1 1/2 years (**40a** MUST be selected)
  - e.  2 years (**40a** MUST be selected)
  - f.  other: \_\_\_\_\_ (may not exceed 2 Years of Service) (**40a** MUST be selected if more than 12 months)

**Waiver of Conditions**

**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

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**35. Skip to 37.**


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**37. Entry Date.** Specify the plan entry date(s):

- a.  N/A (Plan only provides for Prevailing Wage Contributions) (must be selected with **23b1**)
- b.  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 18 months or less)
  5.  1st day of the Plan Year quarter coinciding with or next following date eligibility requirements are met
  6.  1st day of the Plan Year in which eligibility requirements are met
  7.  1st day of the Plan Year nearest date eligibility requirements are met
  8.  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 more than two (2) 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 **37b1**)

- c.  No (**skip to 39**)
- d.  Yes, and the date is: (select one):
  1.  the date specified at **34c**
  2.  other (specify date): \_\_\_\_\_ (must be definitely determinable and nondiscriminatory)

**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)

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**38. Skip to 39.**


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**VESTING**

- 39. Vesting Schedule.** Are any contributions subject to a vesting schedule?
- a.  No (Plan only provides for Prevailing Wage Contributions - **skip to 48**) (may not be selected unless **23b1**)
  - b.  Yes (select vesting schedule at **40** below)

**AND if 39b selected**, are pre-PPA Employer contributions subject to a different vesting schedule? (may not be selected with **11b**) (check if applicable)

- c.  Yes (show pre-PPA schedule at **40**)

**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 Employer Contributions** subject to vesting. Vesting shall be:

- a.  100% upon entering Plan (must be selected if **34b3d** or **34b3e**)
- b.  Subject to the following vesting schedule: (may not select with **11b**, **26a**, **34b3d** or **34b3e**)
  - 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 to **42** if **10a** selected)

- c.  The schedule shown above applies to all employer contributions (other than prevailing wage contributions, if any)
- d.  Pre-PPA nonelective contributions (i.e., for Plan Years beginning prior to January 1, 2007) are subject to the following vesting schedule: (may only be selected with **39c**)
  - 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. _____%		

**41. Skip to 42.**

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

- a.  No, all forfeitures have already been reallocated or used to reduce prior contributions
- b.  Yes, there are (or may be) forfeitures

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

- a.  N/A
- 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**

- 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? (skip if **40a** selected)

- 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 neither **40b** nor **42b** selected)

- 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 pre-HEART post-severance military continuation payments (if such payments are made) for 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)
- 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 ACP test)
- f.  The calendar year coinciding with or ending within the Plan Year

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

- 49. Compensation Adjustments.** The following adjustments are made to compensation: (select all that apply)
- Exclude Salary Deferrals (401(k), 125, 132(f), 403(b), SEP, 414(h) pickup and 457)
  - Exclude all items listed in Reg. 1.414(s)-1(c)(3)
  - Exclude Compensation paid during determination period while not a Participant: (select any that apply)
    - pre-participation Compensation
    - all post-severance Compensation (not a 414(s) safe harbor)
  - Exclude overtime (not a 414(s) safe harbor)
  - Exclude bonuses (not a 414(s) safe harbor)
  - Exclude commissions (not a 414(s) safe harbor)
  - Exclude post-HEART military continuation payments (may not be selected with **49c2**)
  - 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).

**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 71 if 49c2 selected)**  
(select one)

- Default provisions apply (**skip to 49l**)
- Non-Default provisions apply: (select all that apply)
  - Exclude post-severance regular pay (not a 414(s) safe harbor)
  - Exclude leave cashouts
  - Exclude deferred compensation
  - Include pre-HEART post-severance payments for military service (if such payments were made) until January 1, 2009 (may only be selected with **12b**)
  - Include disability continuation payments: (select one)
    - For nonhighly compensated employees only
    - For all Participants and the salary continuation will continue for the following fixed or determinable period:  
\_\_\_\_\_

**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 71** unless **12b**)

- i.  \_\_\_\_\_  
(enter a later effective date)

**50. If Target Plan (1g selected), skip to 76.**

**NONELECTIVE CONTRIBUTIONS**

- 71. What is the allocation method? (skip to 76 if Target Plan (1g) selected or skip to 81 if 23b1 selected)**
- Integrated design-based safe harbor (following IRC §401(l)), and provided by
    - contribution (**skip to 74**)
    - allocation (answer **71d**, **72** and **73** AND then **skip to 75**)
  - Non-integrated design-based safe harbor (answer **71d**, then **skip to 75**)
  - General Nondiscrimination Testing/Cross-Testing (not a design-based safe harbor) (**skip to 74**)

**Non-integrated Contribution Formula**

- d.  \_\_\_\_\_% of Compensation (select 1. if applicable)
- As above for first Plan Year only, and equal to \_\_\_\_\_% for each Plan Year thereafter

**72. Integrated Allocation:** first allocate a non-integrated 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. Integrated (and super-integrated) Contribution Formulas: (skip to 75 unless 71a1 or 71c selected)**

- a. \_\_\_\_\_% of total Compensation

**plus...** (select one)

- \_\_\_\_\_% (lesser of **a.** or 5.7%) of total Comp in excess of TWB
- \_\_\_\_\_% (lesser of **a.** or 5.7%) of total Comp in excess of 20% of TWB
- \_\_\_\_\_% (lesser of **a.** or 5.7%) of total Comp in excess of \_\_\_\_\_
- \_\_\_\_\_% (lesser of **a.** or 5.7%) of total Comp in excess of \$\_\_\_\_\_ (equal to or less than 20% of TWB)
- \_\_\_\_\_% (lesser of **a.** or 5.4%) of total Comp in excess of 80% of TWB plus \$1.00
- \_\_\_\_\_% (lesser of **a.** or 4.3%) of total Comp in excess of \$\_\_\_\_\_ (greater than 20% of TWB but not in excess of 80% of TWB)
- \_\_\_\_\_% (lesser of **a.** or 4.3%) of total Comp in excess of \_\_\_\_\_% of TWB (not less than 21% nor more than 80%)
- \_\_\_\_\_% (super integrated formula) of Compensation above (must be selected with **71c**)
  - \$\_\_\_\_\_

**Note:** If option **b.** thru **g.** is chosen, and the Employer maintains two or more Plans providing or imputing permitted disparity, provide language that complies with the overall permitted disparity limits (Reg. 1.401(l)-5).

**75. Will qualified nonelective contributions be made to this plan? (Plan provides for QNECs to help pass current-year ACP test) (skip to 76 if Thrift Plan (21b) selected)**

- No or N/A
- Yes  
**If Yes**, the amount will be equal to...
  - the contribution selected at **71d**
  - the first \_\_\_\_\_% of compensation selected at **71d**
  - \_\_\_\_\_% of compensation (in addition to the contribution selected at **71**)

76. **Forfeitures will be disposed of** no later than the Plan Year following the year in which such forfeitures occur, and will be: (skip unless **40b**, **40d** or **42b** selected)

- a.  Used to reduce Employer contributions (must be selected if Target Plan (**1g**))
- b.  Reallocated comp to comp (may not select with **21b**)  
**AND**, are treated as:
  - 1.  Nonelective Contributions
  - 2.  Qualified Nonelective Contributions (may only be selected with **21b**, **22b**, **75b** or **81b**)

**AND**, are allocated to:

- 3.  All Participants
- 4.  Only NHCPs
- c.  Added to Employer's contribution and allocated together (may only be selected with **71a** or **71b**)
- d.  Other: \_\_\_\_\_  
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 Employer contributions for a Plan Year (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 80**)
- 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)

- 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. **Thrift Plans (skip to 81 unless 21b selected)**

**Withdrawals...** from Employee Mandatory Contribution Accounts are:

- a.  Not permitted prior to termination of employment
- b.  Permitted only if Mandatory Employee Contributions are suspended and further Employee Contributions shall be barred for \_\_\_\_\_ months after such withdrawal

**Employee Mandatory Contributions...** to share in Company Contributions and forfeitures, an Employee must contribute

- c.  \_\_\_\_\_% of his compensation
- OR** from
- d.  \_\_\_\_\_% to 1. \_\_\_\_\_% of his compensation

**Participants who suspend their** Mandatory Employee Contributions may resume such contributions

- e.  At any time in accordance with established Company procedures
- f.  Only after \_\_\_\_\_ months waiting period (if **80b** was selected, number of months must be the same)

**Mandatory Employee Contributions** may be suspended if Company Contributions are not made

- g.  No
- h.  Yes

**Mandatory Employee Contributions** may be reduced if Company Contributions are reduced

- i.  No
- j.  Yes

**PREVAILING WAGE CONTRIBUTION**

81. **Should the Prevailing Wage Contribution** be made subject to the distribution restrictions applicable to QNECs? (**skip to 82** if Prevailing Wage Contributions (**23b**) NOT selected)

- a.  No
- b.  Yes (may not be selected with **23b3** or **76b2**)

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

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

**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
- 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.

84. **ACP Testing.** Method for determining NHCP's actual contribution ratio. Indicate whether the current OR prior year testing method is used to calculate the ACP (**skip to 85 unless 21b or 22b1**)

- a.  Current year
- b.  Prior year

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

- c.  Use the following to determine NHCP's actual contribution 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(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?**

- a.  No (skip to 87)
- b.  Yes, by all currently employed Participants  
**AND**, the Plan will also accept rollovers from the following: (select all that apply)
1.  Participants who are 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 22b1 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 (may not be selected with 1c3)

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

- c.  All Accounts
- d.  From the following accounts only: (select all that apply)
1.  Nonelective Contribution Accounts (may only be selected with 1g, 21b, 23b, 71a, 71b, 71c or 71d)
  2.  Qualified Nonelective Contribution Accounts (may only be selected with 21b, 22b, 75b or 81b)
  3.  Rollover Accounts (may only be selected with 86b)
  4.  Matching Contributions Accounts (may only be selected with 21b)
  5.  Employee Voluntary Contribution Accounts (may only be selected with 22b)
  6.  Employee Mandatory Contribution Accounts (may only be selected with 21b)
  7.  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:

- 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)
- 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** 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. The Spouse's Death Benefit** shall be equal to:

- a.  100% of Participant's accounts
- b.  \_\_\_\_\_% (not less than 50% of Participant's accounts)

**99. Skip to 100.**

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

- a.  Lump sum
- b.  Installments
- 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
- f.  Other: \_\_\_\_\_

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

**101. Distributions may be made in:**

- a.  Cash only (except for insurance or annuity contracts)
- 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)

**107. Skip to 109.**

**109. May in-service distributions** of Employer contributions be made?

- a.  No (**skip to 112**)
- b.  Yes, upon attainment of NRA (and earlier when so elected below)

**AND**, the following limitations apply to in-service distributions:

- c.  N/A. No limitations
- d.  The following limitations:
  - 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**, **40d** or **42b** selected)
  - 4.  In-service distributions may be made subject to the following provisions: \_\_\_\_\_ (must be definitely determinable and not subject to discretion)
- e.  In-service distributions are available prior to normal retirement age (select one)
  - 1.  Yes, at age 62
  - 2.  Yes, at age: \_\_\_\_\_ (must be at least age 62)

**AND** is this provision retroactively effective? (**skip to 112** 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 112.****112. Military Distributions**

**Continued benefit accruals for those in the military.** Does the Plan provide for continued benefit accruals? (select one) (skip unless **1g**, **21b**, **23b**, **71a**, **71b**, **71c** or **71d** 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)

**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 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:

**119. Skip to 140 unless Target Plan (1g).****TARGET PLAN PROVISIONS**

**120. Is Target Benefit Plan a design-based Safe Harbor Plan?** Reg. 1.401(a)(4)-8(b)(3)

- a.  No  
 b.  Yes (may not be selected with **93c1** or **94c**)

**Note:** Options **93c1** or **94c** on the Regular Money Purchase Checklist are not Safe Harbor. A uniform Normal Retirement Age is not provided. Reg. 1.401(a)(4)-8(b)(3)(i)(A)

**Is Plan Integrated?**

- c.  No  
 d.  Yes (skip to **122**)

**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).

**121. Non-Integrated Benefit Formulas:**

- a.  \_\_\_\_\_% of average monthly compensation (skip to **126**)  
 b.  \_\_\_\_\_% of average monthly compensation times credited service (skip to **126**)  
 c.  \$\_\_\_\_\_ per month times credited service (skip to **126**)

**Note:** If **121a** AND **120b** are selected, **130c** with a reduction of 25 or more years of credited service must be selected.

**Note:** If **121b** or **c.** AND **120b** are selected, **131b** with a limit of 25 or more years of credited service must be selected.

**122. Type of Integrated Formula:**

- a.  Excess (answer **123** then skip to **125**)  
 b.  Offset (skip to **124**)

**123. EXCESS Benefit Formulas:**

- a.  \_\_\_\_\_% of average monthly compensation, **plus**  
 1. \_\_\_\_\_% (not in excess of the lesser of **a.** or 26.25%) of AMC in excess of integration level (skip to **125**)  
 b.  \_\_\_\_\_% of average monthly compensation times credited service, **plus**  
 1. \_\_\_\_\_% (not in excess of the lesser of **b.** or .75%) of AMC in excess of integration level times credited service, plus for credited service in excess of **131b** years

**AND, if b. selected...** ("AMC" means average monthly compensation)

- c.  N/A (**131b** will not be selected)  
 d.  No additional benefits but ONLY if **131b** is exactly 35 years OR **120a** is chosen  
 e.  If **131b** equals exactly 35 years, \_\_\_\_\_% (not greater than **123b** plus **123b1**) of AMC times credited service in excess of 35 years  
 f.  If **131b** is less than 35 years and more than 24 years, \_\_\_\_\_% (must equal exactly **123b** plus **123b1**) of AMC times credited service up to 35 years, **plus...**  
 1.  No additional benefits  
 2.  \_\_\_\_\_% (not greater than **123b** plus **123b1**) of AMC times credited service in excess of 35 years

**Note:** If **123a** AND **120b** are selected, **130c** with a 35 year reduction must be selected.

**Note:** If **123b** AND **120b** are selected, **131b** with a 25 to 35 year limit must be selected.

**Note:** If **120b** is chosen, .75% or 26.25% must be reduced by multiplying the factor by 0.80. Reg. 1.401(a)(4)-8(b)(3)(i)(C).

**Note:** If **129b** or **c.** is selected and/or the integration level selected in **125s**, **t.** or **u.** exceeds covered compensation, .75% or 26.25% must be reduced.

**Note:** The percentage in **123a** or **b.** should reflect an increase and the excess percentage in **123a1** or **b1** should reflect a reduction for NRA less than SSRA or select **130b**, if applicable.

- 124. OFFSET Benefit Formulas.** ("AMC" means Average Monthly Compensation; "PIA" means the primary insurance amount under Social Security; "FAC" means final average compensation.):
- \_\_\_\_\_% of AMC, **offset by** (select 1., 2. or 3.)
    - \_\_\_\_\_% of PIA (**skip to 126**)
    - \_\_\_\_\_% (not in excess of the lesser of 1/2 of **124a** or 26.25% of FAC not in excess of integration level (**skip to 125**))
    - Lesser of \_\_\_\_\_% of PIA **or**
      - \_\_\_\_\_% (not in excess of the lesser of 1/2 of **124a** or 26.25% of FAC not in excess of integration level (**skip to 125**))
  - \_\_\_\_\_% of AMC times credited service **offset by** (select 1., 2. or 3.)
    - \_\_\_\_\_% of PIA (**skip to 126**)
    - \_\_\_\_\_% (not in excess of the lesser of 1/2 of **124b** or .75% of FAC times credited service, **plus** for credited service in excess of **131b** years...
    - Lesser of \_\_\_\_\_% of PIA **or**
      - \_\_\_\_\_% (not in excess of the lesser of 1/2 of **124b** or .75% of FAC times credited service, **plus** for credited service in excess of **131b** years...

**AND**, if **b2** or **b3** selected...

- N/A (**131b** will not be selected)
- No additional benefits but **ONLY** if **131b** is exactly 35 years OR **120a** is chosen
- If **131b** equals exactly 35 years, \_\_\_\_\_% (not greater than **124b**) of AMC times credited service in excess of 35 years
- If **131b** is less than 35 years and more than 24 years, \_\_\_\_\_% (must equal exactly **124b**) of AMC times credited service up to 35 years, **plus**...
  - No additional benefits
  - \_\_\_\_\_% (not greater than **124b**) of AMC times credited service in excess of 35 years

**Note:** If **124a** AND **120b** are selected, **130c** with a 35 year reduction must be selected.

**Note:** If **124b** AND **120b** are selected, **131b** with a 25 to 35 year limit must be selected.

**Note:** If **120b** chosen, .75% or 26.25% must be reduced by multiplying the factor by 0.80. Reg. 1.401(a)(4)-8(b)(3)(i)(C).

**Note:** If **129b** or **c.** is selected and/or the integration level selected in **125s, t. or u.** exceeds covered compensation, .75% or 26.25% must be reduced.

**Note:** The offset percentage in **124a2** and **124b2** should reflect a reduction for NRA less than SSRA or select **130b**, if applicable.

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

**125. Integration Level means:**

- Covered compensation
- Frozen covered compensation table. Enter applicable year \_\_\_\_\_ (e.g. 2006) (generally 2004 - 2009 for a 2009 restatement)
- One-half (1/2) of covered compensation
- \$ \_\_\_\_\_ (not in excess of one-half (1/2) of covered compensation)
- \$ \_\_\_\_\_ (greater than one-half (1/2) of covered compensation, but not in excess of TWB)
- \_\_\_\_\_% (greater than 100% of covered compensation)
- Taxable Wage Base

**Note:** If **d.** or **e.** is selected, enter **annual** dollar amount.

**126. Credited service shall be:**

- N/A (**skip to 128**)
  - Total years of service
  - Plan years of service (participation) (must be selected if **120b**)
- Note:** Safe Harbor Plans (**120b**) must select **c.** (Reg. 1.401(a)(4)-8(b)(3)(i)(A))

**Note:** Prior Safe Harbor Plans (Reg. 1.401(a)(4)-8(b)(3)(vii)) should also select **c.**

**127. ...AND limit the number of years of past service to...**

- N/A
  - No limitation (all past service taken into account)
  - \_\_\_\_\_ (Safe Harbor is 5 or less years past service)
  - \_\_\_\_\_ (Safe Harbor is 5 or less years past service prior to the effective date of this restatement) (may not be selected with **10a**)
- If **d.** selected, past service applies to...
- only increases in Target Benefit
  - entire Target Benefit

**128. Target Benefit calculated to nearest...**

- dollar
- ten (10) dollars
- \_\_\_\_\_ ( ) dollars
- cent

**129. Normal Retirement Benefit (NRB) shall be...**

- Life annuity (must be selected if **120b**)
- Annuity for life and \_\_\_\_\_ months certain
- \_\_\_\_\_% joint and survivor annuity

**AND**, for unmarried Participants, the normal form shall be

- Life annuity
- Annuity for life and \_\_\_\_\_ months certain

**Note:** Safe Harbor Plans (**120b**) must select **a.**

**130. Benefit Reductions (skip to 131 if 121b or 121c selected)**

**Note:** May only select one from **c. - f.**

**Note:** May not select **130c - f.** with **123b** or **124b.**

- No reductions
- For NRA prior to Social Security Retirement Age, reduce excess percentage or offset percentage by 1/15, 1/30, and if **123a** or **b.** selected, increase **123a** or **b.** percentage by the amount of the reduction (may be selected with **c., d., e.** OR **f.** below) (may not be selected with **121a**)
- Reduce entire benefit by \_\_\_\_\_ (e.g., one-thirty fifth)
  - for each year of credited service less than \_\_\_\_\_ (e.g., thirty-five (35))
- Reduce non-excess portion by \_\_\_\_\_ (e.g., one-fortieth)
  - for each year of credited service less than \_\_\_\_\_ (e.g., forty (40))

**AND** the excess portion by

  - \_\_\_\_\_ (e.g., one-thirty fifth)
  - for each year of credited service less than \_\_\_\_\_ (e.g., thirty-five (35))
- Reduce excess portion by \_\_\_\_\_ (e.g., one-thirty fifth)
  - for each year of credited service less than \_\_\_\_\_ (e.g., thirty-five (35))
- Before offset, reduce basic benefit by \_\_\_\_\_ (e.g., one-thirty fifth)
  - for each year of credited service less than \_\_\_\_\_ (e.g., thirty-five (35))

**131. Limitations**

**Note:** Do not select **b., c., d.** or **e.** with **121a, 123a** or **124a.**

- No Limitations
- Entire benefit limited to \_\_\_\_\_ years of credited service (may not be selected with **123c** or **124c**)
- Non-integrated benefit limited to \_\_\_\_\_ years of credited service (may not be selected with **131b**)
- Excess benefit or offset limited to \_\_\_\_\_ years of credited service (may not be selected with **131b**)

- e.  Credited service prior to \_\_\_\_\_ shall not be recognized
- f.  Provide a minimum benefit of \$ \_\_\_\_\_ per month
- g.  Provide a maximum benefit of \$ \_\_\_\_\_ per month
- h.  Provide a maximum benefit of \_\_\_\_\_% of AMC (may not be selected with 121c)

132. Average Monthly Compensation is based on:

- a.  N/A (may only be selected if 121c chosen) (skip to 133)
- b.  Plan Years of Service
- c.  Total Years of Service

AND shall be averaged over

- d.  Highest \_\_\_\_\_ consecutive years within last ten
- e.  Highest \_\_\_\_\_ consecutive Years of Service
- f.  All Years of Service (Career Average)
- g.  Highest \_\_\_\_\_ years within last ten, excluding the five years preceding NRD (may not be selected with 120b)
- h.  Final \_\_\_\_\_ Years of Service

Note: Option f. may not be selected with 121a, 123a or 124a.

Note: Option g. is not a Safe Harbor definition.

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

BUT shall disregard the following (select as many as apply):

- i.  A compensation computation period in which the Participant terminates employment
- j.  A compensation computation period in which the Participant does not complete at least \_\_\_\_\_ hours of service (may only be selected with 24a1 or 27b)

133. Actuarial Assumptions used to determine Level Funding Amount shall be:

- a.  \_\_\_\_\_ (e.g., interest, mortality, turnover)
- b.  Actuarial factors reproduced in the Plan based upon UP-1984 Mortality Table and interest of:
  - 1.  7.5%
  - 2.  8.0%
  - 3.  8.5%

...AND, apply the Theoretical Reserve calculation to determine the Level Funding Amount (Reg. 1.401(a)(4)-8(b)(3)(iv))

- c.  No
- d.  Yes (must be selected if 120b)

Note: If 133a and 120b are selected AND the effective date of this amendment is after 12/31/93, an interest rate of 7.5% to 8.5% must be selected to satisfy 401(a)(4) Safe Harbor. Reg. 1.401(a)(4)-8(b)(3)(iv)(B)(2).

Note: If this is a new Safe Harbor Plan (120b), 133d must be selected.

134. Should the EGTRRA compensation limit (\$200,000) be applied retroactive?

- a.  No
- b.  Yes

PARTICIPATING EMPLOYERS

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

- a.  No (skip to 180)
- b.  Yes

AND, (select all that apply)

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

141. FIRST PARTICIPATING EMPLOYER INFORMATION

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

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

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

Will there be a Second Participating Employer?

- k.  No (skip to 180)
- 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 180**)
- 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 180**)
- 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 180**)
- 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 180)
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 180)
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 180)
l.  Yes

148. EIGHTH PARTICIPATING EMPLOYER INFORMATION

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

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

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

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

i.  CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of:

j.  SPECIAL EFFECTIVE DATES:

Will there be a Ninth Participating Employer?

- k.  No (skip to 180)
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 180)
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 180)
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 180)
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:
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:
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 180)
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:
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:
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 180)
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:
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:
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 180)
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:
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 180**)
- 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 180**)
- 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 180**)
- 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 180**)
- 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:
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 180)
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 180.

OTHER PROVISIONS

180. QDIA. Include Qualified Default Investment Alternative?

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

- a. No (skip to 190)
b. Yes
1. However, I want to skip to Q190 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)

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

- d. Multiple Primary QDIA
QDIA characteristics (select all that apply)

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

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

- 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.  \_\_\_\_\_

**Skip to 190.**

**DOCUMENT REQUESTS**

- 190. Include the following amendment:** (optional)
- a.  Amendment to remove restriction on forfeitures reducing QNECs (skip unless 21b, 22b, 75b, or 81b selected)
- 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 Investment Notice (may only be selected with 180b)
    4.  Tax Notices (402(f))
    5.  Administrator's Guide
    6.  Index
    7.  Administrative Forms (select all that apply)
      - a.  General Forms
      - b.  Distribution Forms (General)
      - c.  Distribution Forms (Death)
      - d.  Distribution Forms (In-Service)
      - e.  Loan Forms (applies only if loans to Participants are permitted)
- 192. Additional Supporting Forms**
- a.  No additional forms
  - b.  Also include the following forms:
    1.  Tax Forms
    2.  Notice to Interested Parties
    3.  Submission Instructions (Submission Forms)
    4.  Appendix for 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 86b)

**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.  In-service distribution. Amount: \$ \_\_\_\_\_ (applies only if in-service distributions are permitted) (may not be selected with 109a)
  - i.  RMD. Amount: \$ \_\_\_\_\_
  - j.  Participant direction of investment: brokerage account option. Amount: \$ \_\_\_\_\_ (applies only if Participant directed investments are permitted)

- k.  Benefit calculation. Calculation of benefits, including determination of substantially equal payments. Amount: \$ \_\_\_\_\_
- l.  Terminated participants may incur a pro-rata share of the plan's expenses even though active participants are not charged this fee
- m.  Other (describe) \_\_\_\_\_
- n.  Other (describe) \_\_\_\_\_
- o.  Other (describe) \_\_\_\_\_

**197. SPD.**

**COLA – update the SPD for the 2021 limits** (Note: The SPD currently reflects the 2020 dollar limitations on benefits and contributions) (select a. if applicable)

- a.  Yes, include amounts for the 2021 tax year as follows: (select all that apply)
- Annual compensation limit (401(a)(17)): \$ \_\_\_\_\_
  - 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)
- Loans were permitted prior to \_\_\_\_\_ (may not be selected with **89b**)
  - 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:
- Spanish Text. Include in introduction (refers participants to Plan Administrator)
    - Plan Administrator Office Hours \_\_\_\_\_ (optional)

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

- a.  **Effective Date of Notice:** Fill in effective date of notice(s). Notice is effective for the forthcoming Plan Year beginning on: \_\_\_\_\_
- b.  **Cover Letter.** Include Annual Notices cover letter
- Date.** Cover letter should be dated as follows (optional): \_\_\_\_\_
  - Employer Contact.** Include name of person to contact (optional): \_\_\_\_\_

**199. Loan Limitations.** If Loans permitted (**89b**), then the following shall apply: (skip to 200 if **89b** not selected)

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

**Loans may be made** from the following accounts:

- c.  All Accounts (**skip to g.**)
- d.  From the following accounts only:
- Nonelective Contribution Accounts (may only be selected with **1g**, **21b**, **23b**, **71a**, **71b**, **71c** or **71d**)
  - Qualified Nonelective Contribution Accounts (may only be selected with **21b**, **22b**, **75b** or **81b**)
  - Rollover Accounts (may only be selected with **86b**)
  - After-Tax Voluntary Contribution Accounts (may only be selected with **22b**)
  - 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)
- \_\_\_\_\_ percentage points over the prime interest rate
  - \_\_\_\_\_%
  - 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 202** 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)
- a qualified plan described in IRC §401(a), **excluding** after-tax employee contributions
  - a qualified plan described in IRC §401(a), **including** after-tax employee contributions (may be selected only if **22b** or **86h** selected)
  - a qualified plan described in IRC §403(a) (an annuity plan), **excluding** after-tax employee contributions
  - a qualified plan described in IRC §403(a) (an annuity plan), **including** after-tax employee contributions (may be selected only if **22b** or **86h** selected)
  - an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **excluding** after-tax employee contributions
  - an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **including** after-tax employee contributions (may be selected only if **22b** or **86h** selected)
  - 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)

- a qualified plan described in IRC §401(a)
- a qualified plan described in IRC §403(a) (an annuity plan)
- an annuity contract described in IRC §403(b) (a tax-sheltered annuity)
- 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 206.**

**ADMINISTRATIVE FORMS**

**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 (may only be selected with 90b)

**SPD.** Contact Information for Special Trustee specified at 20e (with regard to the duty to collect): (skip unless 20e selected)

- d. **Special Trustee Title:** \_\_\_\_\_
- Contact Information** (select one)
  - 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. \_\_\_\_\_