

1. DOCUMENT PACKAGE

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

e. Telephone _____

9. Employer's ID (EIN)

a. _____

Plan No. (select one from b. – f.)

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

Trust ID (TIN) (optional)

g. _____

PLAN ADMINISTRATION

10. Plan Information

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

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

- c. Yes
- d. No

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

1. _____
2. _____

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

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

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

- g. No
- h. Yes

AND what was the name of the money purchase plan?

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

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

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

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

14. Plan Name/Title of Document (exactly as it is to appear with punctuation)
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

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

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

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

15. Plan document: Include witnesses to Employer's signature
- a. No
 - b. Yes

Will document be signed electronically?

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

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

17. Skip to 18.

18. Plan Year

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

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

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

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

OR

- c. 52/53 week year ending _____
(day of week)
- 1. Date nearest to _____
(month) (day)

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

AND/OR

- b. Individual Trustee(s) Name(s)/Title
- a. _____ / _____
- b. _____ / _____
- c. _____ / _____
- d. _____ / _____
- e. _____ / _____
- f. _____ / _____
- g. _____ / _____
- h. _____ / _____

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

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

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

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

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)?
 - a. No
 - b. Yes (under contribution types, can NOT select 22a or 22b)
- 22. Contribution Types (must select one or more unless 21b selected)
 - a. Nonelective Profit Sharing Contributions (option not available with thrift plan (21b))
 - 1. Optional: Excess assets from the employer's terminated DB plan are permitted (or the plan is still allocating such assets from a prior transfer) (may be left blank)
 - b. Prevailing Wage Contributions (option not available with thrift plan (21b))
 - c. Employee After-Tax Voluntary Contributions (select 1. or 2.)
 - 1. currently permitted (may not be selected with 11b)
 - 2. NOT currently permitted but had been permitted in the past (retaining Employee Voluntary Contribution Accounts) (may not be selected with 10a)

Note: Employee Mandatory Contributions and Matching Contributions are included with thrift plan.

23. Skip to 24.

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)
 - 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)
 - 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 NHCEs benefitting 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).

32. Skip to 34.

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 not be selected unless **22b** is the only election at **Q22**)
- 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

35. Skip to 37.

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

- a. N/A (Plan only provides for Prevailing Wage Contributions) (may not be selected unless **22b** is the only election at **Q22**)
- 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)

38. Skip to 39.

VESTING

39. Vesting Schedule. Is the vesting schedule the same for all contributions? (select one)

- a. N/A -- (Plan only provides for Prevailing Wage Contributions - **skip to 47**) (may not be selected unless **22b** is the only election at **Q22**)
- b. **Yes, the same vesting schedule** applies for ALL Employer contributions (may not be selected with **11b**)
- c. **No**, certain older Employer contributions are subject to a different vesting schedule (may not be selected with **11b**)

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

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

40. Vesting - All 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**, **34b3e**, or if **21a** and **22c** but not **22a**)
 - 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** or **39b** selected) (skip to **40e** if **21b** selected)

- c. The schedule shown above applies to all profit sharing 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:
 - 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. _____%		

AND if plan has a separate vesting schedule for pre-EGTRRA matching contributions (i.e., for Plan Years beginning prior to January 1, 2001) (skip unless **21b**)

- e. The schedule at **40b** shown above applies to all matching contributions
- f. Pre-EGTRRA matching contributions are subject to the following vesting schedule:
 - 1. 4-year graded (25% per year)
 - 2. 5-year graded (20% per year)
 - 3. 3-year cliff
 - 4. 6-year graded (2 years 20% then 20% per year)
 - 5. 5-year cliff
 - 6. 7-year graded (3 years 20% then 20% per year)

- 7. Other (in each year must be as liberal as **3**. or **4**.)
- | Service | Percent | Service | Percent |
|----------|-----------|----------|-----------|
| a. _____ | 1. _____% | e. _____ | 1. _____% |
| b. _____ | 1. _____% | f. _____ | 1. _____% |
| c. _____ | 1. _____% | g. _____ | 1. _____% |
| d. _____ | 1. _____% | | |

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** and **22a** 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 (skip to 47 if 40a selected)

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

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

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

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

- Regardless of the vesting schedule, Participants shall become fully vested upon death or disability unless otherwise selected below (select all that apply):
- a. Do not vest upon death
 - b. Do not vest upon disability
 - c. Do not vest upon early retirement

46. Forfeitures shall occur (skip to 47 if 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)

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

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

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)

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

For PPA Restatements - Plan Compensation - 415 Regulations

Special Effective Date. The definition of Plan Compensation as set forth above is effective as of the first day of the first plan year beginning after June 30, 2007 unless otherwise specified: (**skip to 71** unless **12b**)

- l. _____
(enter a later effective date)

50. If Thrift Plan (21b), answer 76-80, then skip to 82, or if 22a selected, answer 71-79.

NONELECTIVE PROFIT SHARING CONTRIBUTIONS

71. Employer Discretionary Contribution to Profit Sharing Plan (skip to 80 unless profit sharing contributions (22a) selected) (non-profits should select a. or c.)

- a. Discretionary, but not limited to profits
- b. Discretionary, out of profits
- c. Fixed contribution equal to _____% of Compensation of Participants eligible to share in allocations (may not be selected with **22a1**)

AND, will fixed QNECs be made to this Plan?

1. No
2. Yes, effective _____ (ex., January 1, 2009)

If Yes, the amount will be equal to:

- a. the contribution selected in **71c**
- b. the first _____% of compensation selected in **71c** (percentage at **71c** must be greater than or equal to percentage entered here)
- c. _____% of compensation

Note: QNECs are always 100% vested regardless of the vesting schedule selected in **40**.

What is the allocation method? (skip to 76 if **71c** selected)

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

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

- a. No
- b. Yes

AND, the non-integrated percentage is:

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

73. **Integrated Allocations**

- a. 5.7% and TWB
- b. 5.7% and 20% of TWB
- c. 5.7% and \$_____ (equal to or less than 20% of TWB)
- d. 5.4% and: (select one)
 - 1. 80% of TWB plus \$1.00
 - 2. _____% of TWB (must be greater than 80% and less than 100%)
 - 3. 80% of wage base plus \$_____ (must be less than 20% of TWB)
- e. 4.3% and \$_____ (greater than 20% of TWB but not in excess of 80% of TWB)
- f. 4.3% and _____% (not less than 21% nor more than 80%) of TWB

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

74. **Non-Integrated Allocations**

- a. Compensation to total of all Compensation
 - b. In the same dollar amount to all Participants (per capita)
 - c. In the same dollar amount per Hour of Service completed by each Participant
 - d. Point System (select all that apply) ("Period of Service" is substituted for "Year of Service" if Elapsed Time Method is elected)
 - 1. _____ points for each Year of Service
 - a. No limitation
 - b. Up to _____ Years of Service
- AND**, Year of Service is:
- c. Year of Service for vesting purposes (may not be selected with **26a**)
 - d. Year of Service for eligibility purposes (may not be selected with **25a**)
- 2. _____ points for each
 - a. \$_____ of compensation (may not exceed \$200)
 - 3. _____ points for each year of age as of the end of the Plan Year

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

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

- a. Group A: _____
- b. Group B: _____
- c. Group C: _____
- d. Group D: _____
- e. Group E: _____
- f. Group F: _____
- g. Group G: _____
- h. Group H: _____
- i. Additional Groups: _____

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

AND, the allocation method within each group will be:

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

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

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

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

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

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

- a. Used to reduce Employer contributions
 - b. Reallocated comp to comp (may not select with **75d**)
- AND**, are treated as:
- 1. Nonelective Contributions
 - 2. Qualified Nonelective Contributions (may only be selected with **22c**)

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: _____
 (may not select with **75d**) Describe the treatment (not the timing) of Forfeitures that is some combination of the above.

Note: Plan allows forfeitures to pay expenses.

- 77. Participants shall share** in the allocation of 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 81**)
 f. Other: If _____
 (must be definitely determinable, not subject to Employer discretion and may not require more than one Year of Service (or Period of Service if the Elapsed Time method is elected))

- 78. AND**, should the IRC §410(b)(1)(B) ratio percentage fail-safe provisions (eliminating the above conditions) be included? (**skip to 79** unless **77a**, **77b**, **77c** or **77f** selected) (**skip to 81** if **77e** selected)
- a. No
 b. Yes

- 79. Waiver of conditions.** Participants who are not employed at the end of the Plan Year due to any of the following events shall be eligible to share in the allocations regardless of the above conditions (select all that apply):
- a. Death
 b. Disability
 c. Early or Normal Retirement

- 80. 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

Matching Contributions (must select k. or l.)

- k. Discretionary,...
1. out of profits
 2. but not limited to profits
- l. Employer will contribute an amount equal to _____% of Employee Mandatory Contributions

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 (**22b**) NOT selected)
- a. No
 b. Yes (may not be selected with **76b2**)

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

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

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

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

GENERAL PLAN PROVISIONS

- 82. Method of allocating Trust earnings**

Note: If daily valuations, select a.

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

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

- 83. Should Top-Heavy provisions be included?**

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

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

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

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

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

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

- 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 **22c1**)
- Current year
 - 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:
- Use the following to determine NHCP's actual contribution ratio
 - 3% (a prior-year test election)
 - current year method for the first Plan Year
 - 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?
- No
 - Yes, select one or more of the options below:
 - Top-paid group election: HCE only includes the top 20% of employees ranked by compensation
 - Make the calendar year the "look-back year" when the Plan Year is NOT a calendar year (may not be selected with **18a**)

- 86. Does the Plan accept Rollovers from IRAs and other qualified plans?**
- No (skip to **87**)
 - Yes, by all currently employed Participants
- AND**, the Plan will also accept rollovers from the following: (select all that apply)
- Participants who are no longer employed
 - Eligible Employees expected to enter the Plan

- AND**, may distributions of rollovers be made at any time?
- No, only at such time(s) as amounts attributable to employer contributions are distributable
 - 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?
- No or N/A
 - 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 **22c1** selected)
- No or N/A
 - Yes

- 87. Were deductible QVECs permitted prior to 1/1/87? (skip to 89 if 10a)**
- No or N/A (new Plan effective after 12/31/86)
 - Yes

88. Skip to 89.

- 89. May Participant loans be made?**
- No
 - Yes

- 90. Will the Plan permit Directed Investments?**
- No (**skip to 91**)
 - Yes (may not be selected with **1c3**)

- If Yes**, Directed Investments are permitted for the following accounts:
- All Accounts
 - From the following accounts only: (select all that apply)
 - Nonelective Contribution Accounts (may only be selected with **22a** or **22b**)
 - Qualified Nonelective Contribution Accounts (may only be selected with **21b**, **22c**, **71c2** or **81b**)
 - Rollover Accounts (may only be selected with **86b**)
 - Matching Contributions Accounts (may only be selected with **21b**)
 - Employee Voluntary Contribution Accounts (may only be selected with **22c**)
 - Employee Mandatory Contribution Accounts (may only be selected with **21b**)
 - 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?
- No
 - Yes, at Administrator's option
 - Yes, at option of each Participant
- 92. May Qualifying Employer securities** or qualifying employer real property be purchased?
- No
 - Yes (may not be selected with **7h2**)

RETIREMENT AND DISABILITY

- 93. Normal Retirement Age (NRA) is:**
- _____ 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
- N/A
 - _____ anniversary (not to exceed 5th) of joining Plan
- BUT** in no event later than (leave blank if not applicable)
- _____ 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 the _____ anniversary of joining the Plan, if later

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

- Pre-amendment NRA:
 - _____ birthday (not to exceed 65th)
- OR**, if later the
- N/A
 - _____ anniversary (not to exceed 5th) of joining Plan

BUT, if 93d3 selected, in no event later than (leave blank if not applicable)

- _____ birthday
 - 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):

- _____ (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. Plan Distributions** shall be made in Joint and Survivor Annuities

- a. No
 b. Yes, and Minimum Spouse's Death Benefit shall be equal to:
 1. 100% of Participant's accounts
 2. _____% (not less than 50% of Participant's accounts)

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

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

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

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

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

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

101. Distributions may be made in

- a. Cash only (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 108.

108. May Hardship Distributions be made?

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

Hardship distributions are permitted from the following accounts:

- c. All of the following accounts
d. From the following accounts only:
1. Nonelective Contribution Accounts (may only be selected with **22a** or **22b**)
 2. Rollover Accounts (may only be selected with **86b**)
 3. Matching Contribution Accounts (may only be selected with **21b**)
 4. Transfer Accounts (subject to legal restrictions stated in Plan)

AND, the following limitations apply to hardship distributions:

- e. N/A. No limitations
f. 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** or **42b** selected)
 4. A Participant does not include a former employee at the time of the hardship distribution
 5. Hardship distributions may be made subject to the following provisions: _____ (must be definitely determinable and not subject to discretion)

Hardship distributions for beneficiaries (select if applicable)

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

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

- a. No (**skip to 112**)
b. Yes, if the Participant has (select one or both)
1. attained age _____
 - a. however, the **only** funds available for in-service distribution are money purchase accounts (select **only** when applicable) (**skip to 109e. - f., then skip to 109h**) (may be selected only if **10f**)
 2. reached Normal Retirement Age

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

- c. All accounts
d. From the following accounts only: (select at least one)
1. Nonelective Contribution Accounts (and, when applicable, Prevailing Wage Accounts) (may only be selected with **22a** or **22b**)
 2. Qualified Nonelective Contribution Accounts (may only be selected with **21b**, **22c**, **71c2** or **81b**)
 3. Matching Contributions Accounts (may only be selected with **21b**)

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

- e. None
f. The following provisions: (select all that apply)
1. The minimum amount of a distribution is \$ _____ (may not exceed \$1,000)
 2. No more than _____ distribution(s) may be made to a Participant during a Plan Year
 3. Distributions may only be made from accounts which are fully Vested (may be selected only if **40b**, **40d**, **40f** or **42b** selected)
 4. In-service distributions may be made subject to the following provisions: _____ (must be definitely determinable and not subject to discretion)

Additional in-service distribution events for profit sharing and matching contributions. The following provisions also apply: (select any that apply)

- g. In-service distributions may be made at any age if: (select one) (skip unless **109c** AND **22a** or **22b**)
1. The Participant has been a Participant for at least 5 years
 2. The amount to be distributed has accumulated in the Plan for at least 2 years
 3. Either of the preceding two conditions is met
 4. Both the conditions in **g1** and **g2** are met
- AND** for purposes of **109g**, such distributions may be made at any age unless the following option is selected:
5. The Participant must also have attained the age specified at **109b**
- h. In-service distributions of money purchase pension plan funds are available prior to normal retirement age (select one) (may only be selected with **10f**) (must be selected if **109b1a**)
1. Yes, at age 62
 2. Yes, at age: _____ (must be at least age 62)
- AND** is this provision retroactively effective? (select one) (**skip to 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 **21b**, **22a** or **22b** selected)

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

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

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

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)
- RMDs continued in accordance with the terms of the Plan without regard to WRERA (i.e., no election available to Participants) (skip to 118)
 - The payment of RMDs was modified in some way:
 - RMDs continued unless otherwise elected by a Participant
 - RMDs were suspended unless a Participant elected otherwise
 - 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)
 - 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)

- Both 2009 RMDs and Extended 2009 RMDs
- 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)
- Rule of parity.** Exclude rule of parity (all years count)
 - 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)
 - 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.
 - Definition of Spouse.** The term Spouse includes a spouse under federal law as well as the following:

- 119. Include hardship provisions of the Budget Act of 2018?** (skip to 140 if 108b NOT selected) (An SMM can be generated if 192b6 is selected)
- No (skip to 140)
 - Yes. (Answer below as applicable):

Hardship Default provisions: Effective for the first PY beginning in 2019; loans and 6-month suspension of employee contributions are not required and hardship needs include casualty losses and disaster losses. (Skip unless 21b or 22c)

Termination of employee contribution suspension. If a Participant received a hardship distribution before the Effective Date, and contributions were suspended, will the Participant be able to resume employee contributions?

- Yes. Beginning on the Effective Date, employee contributions will not be suspended on account of a hardship distribution, regardless of the date of the distribution.
- No. The Participant's suspension of employee contributions that began before the Effective Date will continue as originally scheduled.

NOTE: Employee contributions can no longer be suspended with respect to any hardship distribution made on or after January 1, 2020.

Expansion of sources available for a hardship distribution.

Pursuant to Amendment Section 3.2, are the QNECs available for hardship distributions? (must select 3. or 4.) (skip unless 21b, 22c, 71c2, or 81b)

- Yes. QNECs are available for hardship distributions.
- No. QNECs are not available for hardship distributions.

- 120. Hardships. Skip selections a. – d. below if you accept the default provisions listed at 119 above. Any entry in selections a. – d. below will override those defaults.**

Loan Requirement. The provisions of Amendment Section 3.1(b), requiring recipients of hardship distributions to take available nontaxable loans, will NOT apply unless selected below: (skip unless 89b)

- Amendment Section 3.1(b) APPLIES (i.e., Participants are required to obtain a Plan loan) indefinitely, unless and until the Plan is further amended.

Expansion of sources available for a hardship distribution. Earnings on amounts attributable to Elective Deferrals are available for hardship distribution, unless selected below: (skip if this does not apply to your plan)

- Earnings on amounts attributable to Elective Deferrals are NOT available for hardship distributions

Hardship needs/events. The provisions of Amendment Sections 3.3 (relating to residential casualty losses) and 3.4 (relating to Disaster Losses) apply as of January 1, 2018, or as soon as practical thereafter, unless otherwise elected below:

- Amendment Section 3.3 will NOT apply (and so casualty losses are limited to federally declared disasters, pursuant to Code §165(h))
- Amendment Section 3.4 will NOT apply (and so the Plan will not make hardship distributions on account of Disaster Losses)

Effective Dates. Unless otherwise selected below, the Effective Date is the first day of the first Plan Year beginning after December 31, 2018, or as soon as administratively feasible thereafter. Except as otherwise specified in this Amendment, all provisions are effective on the Effective Date.

- Other general Effective Date: _____ (may not be earlier than the first day of the first Plan Year beginning on or after January 1, 2019 or after the Latest Effective Date)
- Special Effective Date for Amendment Section 2.2a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year)
- Special Effective Date for Amendment Section 2.3a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year)
- Special Effective Date for Amendment Section 2.3b: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year)
- Special Effective Date for Amendment Section 2.3c: _____ (Enter a special effective date for the expansion of hardship needs/events, no sooner than January 1, 2018)

121. Skip to 140.

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:
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 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:
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:

- 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:
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 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: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: 1. _____
 - h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 1. and originally effective: _____
 2. which plan is being merged into this Plan effective as of: _____
 - i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
 - j. SPECIAL EFFECTIVE DATES: _____
- Will there be a Thirteenth Participating Employer?**
- k. No (skip to 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: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: 1. _____
 - h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 1. and originally effective: _____
 2. which plan is being merged into this Plan effective as of: _____
 - i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
 - j. SPECIAL EFFECTIVE DATES: _____
- Will there be a Fourteenth Participating Employer?**
- k. No (skip to 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: _____ with the Participating Employer having originally commenced participation in the Plan effective as of:
 - 1. _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 - 1. and originally effective: _____
 - 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Fifteenth Participating Employer?

- k. No (skip to 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: _____ with the Participating Employer having originally commenced participation in the Plan effective as of:
 - 1. _____

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

Will there be a Sixteenth Participating Employer?

- k. No (skip to 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: _____ with the Participating Employer having originally commenced participation in the Plan effective as of: 1. _____
- h. RESTATEMENT AND MERGER. The Participating Employer's adoption of this Plan constitutes the amendment and restatement of the Participating Employer's plan known as: _____
 1. and originally effective: _____
 2. which plan is being merged into this Plan effective as of: _____
- i. CESSATION. The Participating Employer is ceasing its participation in the Plan effective as of: _____
- j. SPECIAL EFFECTIVE DATES: _____

Will there be a Twentieth Participating Employer?

- k. No (skip to 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: _____

4. **Description of Investments** (select all that apply)

<u>Year of NRA</u>	<u>Name of Investment</u>
a. _____	1. _____
b. _____	1. _____
c. _____	1. _____
d. _____	1. _____
e. _____	1. _____
f. _____	1. _____
g. _____	1. _____
h. _____	1. _____
i. _____	1. _____
j. _____	1. _____

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

- Frequency of opt-out election.** Participants are allowed to elect out of the default investment: (select one)
- f. At any time
 - g. Quarterly
 - h. Other: _____ (must be at least quarterly)

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

Skip to 190.

DOCUMENT REQUESTS

- 190. Include the following amendment:** (optional)
- a. Amendment to remove restriction on forfeitures reducing QNECs (skip unless **21b, 22c, 71c2, or 81b** selected)
 - b. Amendment for hardship provisions of the Budget Act of 2018 (applies only if **119b** 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**)
 - 6. Include an SMM for **hardship provisions of the Budget Act of 2018** (applies only if **119b** selected)

Explanation of Forms

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

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

193. Format**Font Options**

- a. 9pt Times
b. 8.5pt Arial

Drafting Preferences

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

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

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

194. Skip to 195.**If no SPD or Forms (191a & 192a) selected, skip to 210. Otherwise skip to 195.****SUPPORTING FORMS INFORMATION**

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

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

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

- a. No – not known or appendix will be completed later (**skip to 197**)
b. Distribution following termination. Amount: \$ _____
c. Limitation on small account distributions. The Plan will not charge any fee for processing a distribution if participant's vested account balance does not exceed \$ _____
d. Installment distribution. Amount: \$ _____
(applies only if installments selected under form of distributions)
e. Administrative processing fee to eliminate certain small account distributions
f. Participant loan: (applies only if loans to participants are permitted) (select all that apply)
1. Amount of application fee: \$ _____
2. Amount of annual maintenance fee: \$ _____
g. QDRO. Amount: \$ _____
h. Hardship distribution. Amount: \$ _____
(applies only for 401(k) or Profit Sharing if hardship distributions are permitted) (may not be selected with **108a**)
i. In-service distribution. Amount: \$ _____
(applies only if in-service distributions are permitted) (may not be selected with **109a**)
j. RMD. Amount: \$ _____

- k. Participant direction of investment: brokerage account option. Amount: \$ _____
(applies only if Participant directed investments are permitted)
l. Benefit calculation. Calculation of benefits, including determination of substantially equal payments. Amount: \$ _____
m. Terminated participants may incur a pro-rata share of the plan's expenses even though active participants are not charged this fee
n. Other (describe) _____
o. Other (describe) _____
p. Other (describe) _____

197. SPD. COLA – update the SPD for the 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)
1. Annual compensation limit (401(a)(17)): \$ _____
2. 415 dollar limit: \$ _____

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

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

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

- c. Yes, include the following:
1. Spanish Text. Include in introduction (refers participants to Plan Administrator)
a. 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
1. **Date.** Cover letter should be dated as follows (optional): _____
2. **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:
1. Loans are participant-directed investment
2. Loans only for hardship/financial necessity
3. Minimum loans of \$ _____ (not more than \$1,000)
4. Only _____ outstanding loan(s) per Participant
5. Loan balances due and payable upon distributable event
6. Loan balances due upon termination of employment (even if no immediate distribution)
7. Loans are repaid by:
a. payroll deduction
b. ACH (Automated Clearing House)
c. check (select all that apply)
1. only for prepayment
2. only for terminated employees

Loans may be made from the following accounts:

- c. All Accounts (skip to g.)
- d. From the following accounts only:
 - 1. Nonelective Contribution Accounts (may only be selected with 22a or 22b)
 - 2. Qualified Nonelective Contribution Accounts (may only be selected with 21b, 22c, 71c2 or 81b)
 - 3. Rollover Accounts (may only be selected with 86b)
 - 4. After-Tax Voluntary Contribution Accounts (may only be selected with 22c)
 - 5. Other _____

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

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

Loan Interest Rate

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

Refinancing (select if applicable)

- h. Loans may be refinanced

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

- a. N/A – blank form provided; appendix to be completed later (skip to 201)
- b. The Plan will accept a direct rollover of an eligible rollover distribution from: (select all that apply)
 - 1. a qualified plan described in IRC §401(a), **excluding** after-tax employee contributions
 - 2. a qualified plan described in IRC §401(a), **including** after-tax employee contributions (may be selected only if 22c or 86h selected)
 - 3. a qualified plan described in IRC §403(a) (an annuity plan), **excluding** after-tax employee contributions
 - 4. a qualified plan described in IRC §403(a) (an annuity plan), **including** after-tax employee contributions (may be selected only if 22c or 86h selected)
 - 5. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **excluding** after-tax employee contributions
 - 6. an annuity contract described in IRC §403(b) (a tax-sheltered annuity), **including** after-tax employee contributions (may be selected only if 22c or 86h selected)
 - 7. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)
- c. Participant Rollover Contributions (other than direct rollovers) from Other Plans

The Plan will accept a participant contribution of an eligible rollover distribution: (select all that apply)

- 1. a qualified plan described in IRC §401(a)
- 2. a qualified plan described in IRC §403(a) (an annuity plan)
- 3. an annuity contract described in IRC §403(b) (a tax-sheltered annuity)
- 4. an eligible plan under IRC §457(b) which is maintained by a governmental employer (governmental 457 plan)

Participant Rollover Contributions from IRAs:

The Plan: (select one)

- d. will
- e. will not

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

201. Valuation Date. Do you want the SPD to show the frequency of valuation dates (if more frequent than annually)?

- a. No
- b. Yes
 - 1. daily
 - 2. semi-annually
 - 3. quarterly
 - 4. other: _____

202. Optional Index Information

- a. Include blank lines to enter amendment information

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