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**VOLUME SUBMITTER ADOPTION AGREEMENT  
FOR THE DATAIR  
CASH OR DEFERRED PROFIT SHARING PLAN  
12-001**

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SAMPLE

## VOLUME SUBMITTER ADOPTION AGREEMENT FOR THE DATAIR CASH OR DEFERRED PROFIT SHARING PLAN

The DATAIR Cash or Deferred Profit Sharing Plan ("the Plan") is hereby adopted by

\_\_\_\_\_

(the "Employer").

- Multiple Employer Plan under Code sec. 413(c).
  - Lead Sponsor of a Multiple Employer Plan.
  - Additional Adopting Employer.
  - Adopting Affiliated Employers of a Multiple Employer Plan are Listed in Appendix: (List participating Employers)
  - \_\_\_\_\_
  - Adopting Affiliated Employer of a Multiple Employer Plan must execute a separate Adoption Agreement.

The Plan as applicable to the Employer shall be known as:

\_\_\_\_\_

- This Plan shall be funded solely by Insurance Contracts. (See Insurance Addendum)

The Effective Date of the Plan and Trust is: \_\_\_/\_\_\_/\_\_\_\_\_. (May not be earlier than the first day of the initial Plan Year or for restatement of an existing plan, the first day of the current Plan Year, or the first day of the remedial amendment cycle, January 1, 2007.)

- a. If the Plan contains a different effective date for a portion of the Plan, enter the date here. Otherwise, omit this question.  
*Note: The date(s) entered may not be earlier than the adoption date of the Plan.*
  - a.1. Effective date for the cash or deferral portion of the Plan: \_\_\_/\_\_\_/\_\_\_\_\_ (CODA effective date must be on or after the adoption date of this Plan.)
  - a.2. Effective date for the matching portion of the Plan: \_\_\_/\_\_\_/\_\_\_\_\_
  - a.3. Effective date for the profit sharing portion of the Plan: \_\_\_/\_\_\_/\_\_\_\_\_*Note: For New Plans, skip to Part I.*
- b. The Plan is an amendment of a preexisting Plan that was originally effective as of: \_\_\_/\_\_\_/\_\_\_\_\_.
- c. The Plan is an amendment and restatement of a preexisting Plan that was originally effective as of: \_\_\_/\_\_\_/\_\_\_\_\_.
- d. Frozen Plan. This Plan was frozen effective: \_\_\_/\_\_\_/\_\_\_\_\_.

\*\*\* CAUTION \*\*\*

FAILURE TO FILL OUT THE ADOPTION AGREEMENT PROPERLY MAY  
RESULT IN DISQUALIFICATION OF THE PLAN

**PART I.** The following identifying information pertains to the Employer, the Plan and the Trust:

1. **Employer Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_
2. **Employer Telephone:** \_\_\_\_\_
3. **Employer Tax ID:** \_\_\_\_\_
4. **Employer Fiscal Year End:** \_\_\_\_/\_\_\_\_
5. **Three Digit Plan Number:** \_\_\_\_\_
6. **Plan Year:** \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
(Must be 12 consecutive months.)
7. **Short Plan Year:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
8. **Plan Agent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_
9. **Plan Administrator:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_
10. **Plan Administrator ID** \_\_\_\_\_
11. **IRS Determination Letter** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Leave blank for a new plan.)
12. **IRS File Folder Number:** \_\_\_\_\_  
(Leave blank for a new plan.)
13. **Legal Organization of Employer:**
  - a. Sole Proprietorship
  - b. Partnership
  - c. C Corporation
  - d. S Corporation
  - e. Limited Liability Company (LLC)
  - f. Limited Liability Partnership (LLP)
  - g. Not for Profit Corporation
  - h. Professional Service Corporation
  - i. Other: \_\_\_\_\_(Must be legal entity recognized under federal income tax laws)
14. **Business Code:** \_\_\_\_\_  
(as used on Form 5500; 6 digit NAICS)
15. **State of Legal Construction:** \_\_\_\_\_
16. **Date Business Commenced:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**17. Other Members of a Controlled Group or Affiliated Service Group:**

(Only participating members should sign the Adoption Agreement. May check both controlled group and affiliated service group.)

Controlled Group: (List participating members) \_\_\_\_\_

Affiliated Service Group: (List participating members) \_\_\_\_\_

**18. Trust Information:**

*Note: An executed copy of the Trust Agreement must be attached to this Plan. The Plan and Trust Agreement must be read and construed together. The powers, rights, and responsibilities of the Trustee shall be those specified in the Trust Agreement.*

a. Plan Trustees:

b. Trust ID Number: \_\_\_\_\_

c. The Trust shall be known \_\_\_\_\_

d. Trust document

d.1. The Plan will use the **DATAIR** trust approved by the IRS for use with this Plan.

d.2. The Plan will use the \_\_\_\_\_ trust.

*Note: if this trust has not been submitted for IRS approval for use with this document, the use of this trust is a modification to the pre-approved plan, causing loss of reliance on the approval letter.*

d.3. The Plan will use a separate trust provided by the Trustee.

*Note: if this trust has not been submitted for IRS approval for use with this document, the use of this trust is a modification to the pre-approved plan, causing loss of reliance on the approval letter.*

e. Trustees as signatories to the Adoption Agreement, discretionary amendments, and Interim Amendments.

e.1. Trustee must sign the Adoption Agreement, discretionary amendments, and Interim Amendments.

e.2. Trustee does not sign the Adoption Agreement, discretionary amendments, and Interim Amendments.

**PART II.** The Plan contains certain design features intended to provide the statutory requirement or most commonly adopted feature, but permits the selection of alternative features. **Unless specifically provided to the contrary, only one selection may be made for each design category.** Section references are to the Plan or the Trust. All capitalized terms are defined in the Plan or Trust.

**A. Eligibility and Service Provisions**

**A1. Plan Features**

The selection of Plan options must be consistent with the requirements for the types of Employer Contributions permitted under the Plan. For example:

**ADP Test Safe Harbor:** Any Employer ADP Test Safe Harbor Contribution must be allocated to all Eligible Employees who have reached age 21 and have at least one Year of Service consisting of 1000 hours during any Eligibility Computation Period.

**QACA:** For QACA Safe Harbor Contribution purposes, the definition of Eligible Employee may exclude those who have an affirmative Elective Deferral election. Any Employer QACA Safe Harbor Contribution must be allocated to all Eligible Employees who have reached age 21 and have at least one Year of Service consisting of 1000 hours during any Eligibility Computation Period.

**SIMPLE K:** Any Employer Non-Elective SIMPLE Contribution must be allocated to all Eligible Employees who have compensation for the Plan Year of at least \$5,000 (or a lesser amount specified in this Adoption Agreement). SIMPLE compensation is based on Code section 3401(a) wages. Employer contributions to a SIMPLE K must be 100% immediately vested.

**Prevailing Wage:** Under the Davis-Bacon Act, employer contributions to the qualified plan that are intended to satisfy the fringe benefit obligation must be universally available (i.e., no age or service requirements) and be 100% immediately vested in order to avoid "annualization." Ensure that plan selections will satisfy state and federal prevailing wage requirements as well as all qualification requirements. **The schedule of the Prevailing Wage Contributions MUST be attached to the Adoption Agreement and the Summary Plan Description (SPD).**

Select one of a, b, or c for each contribution type.

Elective Deferrals	Safe Harbor Employer Contributions (ADP test or QACA)	SIMPLE K Employer Contributions	Non-Elective Contributions	Matching Contributions	Prevailing Wage Contributions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The Plan permits this type of contribution.
<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	a.1. Automatic Enrollment (ACR, EACA, or QACA) applies to Elective Deferrals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Accounts for this type of contribution exist in the Plan. However, this type of contribution is no longer permitted.
— / — / —	— / — / —	01/01/—	— / — / —	— / — / —	— / — / —	Date as of which contributions were discontinued.
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. This type of contribution is not and was never permitted under the Plan.

**A2. Eligible Employees** - All Employees of adopting Employers, including Employees of certain related businesses and Leased Employees are eligible except for certain members of a collective bargaining unit and nonresident aliens with no U.S. source income, unless otherwise specified below. An Employer that is a member of a controlled group or affiliated service group must adopt this Plan for its Employees to be eligible to participate in this Plan. (Select all applicable. Selections other than a., d., and e. are not safe harbor and are subject to nondiscrimination testing.)

**Eligible Employees for the entire Plan**

a. All Employees are eligible except members of a collective bargaining unit and nonresident aliens with no U.S. source income. (Plan provision.)

In lieu of the Plan provision described in a., you may select the inclusions and exclusions below. For example, selecting only b. means that all Employees, including members of a collective bargaining unit, but excluding nonresident aliens with no U.S. income, will be eligible.

- b. Include members of collective bargaining unit.
- c. Include nonresident aliens with no U.S. source income.
- d. Exclude Employees acquired in a Code section 410(b)(6)(C) transaction.
- e. Exclude Employees not covered by a collective bargaining agreement with the following unions: \_\_\_\_\_
- f. Permit one-time election not to participate pursuant to Section 2.1.6
- g. Other groups excluded from Code section 410(b) test for reasons such as being a SLOB under Code section 414(r): \_\_\_\_\_

**Excluded from the Entire Plan or a Portion of the Plan**

Entire Plan	Elective Deferrals	Non-Elective Contributions	Matching Contributions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Exclude Leased Employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Exclude Key Employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Exclude all Highly Compensated Employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Exclude Highly Compensated Employees who are Key Employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Exclude Self-Employed Individuals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Exclude Employees whose compensation is based solely on commissions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n. Exclude Employees that are paid on an hourly basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Exclude Employees that have a stated salary and are not paid on an hourly basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. Exclude Employees who are not eligible for Employer-provided health and welfare benefits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q. Exclude Employees whose compensation does not include prevailing wage payments. Include only "prevailing wage" employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r. Other: (The exclusions entered here cannot result in the group of NHCEs participating under the Plan being only those NHCEs 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 section 410(b).) (Cannot discriminate in favor of Highly Compensated Employees.)
				r. Specify the other exclusions.
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s. Exclude the following Employees: This is not considered a modification to the pre-approved plan.
				Specify the excluded Employees by name.

**Excluded from the ADP Test or QACA Safe Harbor Employer Contribution Portion of the Plan**  
(If Plan includes ADP Test or QACA Safe Harbor Employer Contributions, complete if applicable.)

- t. Exclude all Highly Compensated Employees.
- u. Exclude Highly Compensated Employees who are Key Employees.
- v. Exclude Employees with an affirmative Elective Deferral election. (Available for QACA only.)

**A3. Highly Compensated Employee Determination** - Highly Compensated Employee means any Employee who: (1) was a 5-percent owner at any time during the year or the preceding year, or (2) for the preceding year had compensation from the Employer in excess of \$80,000 (as adjusted by the Secretary pursuant to Code section 415(d)) and, if the Employer so elects, was in the top-paid group for the preceding year. The top-paid group election and the calendar year data election must apply consistently to the determination years of all plans of the Employer. (Select all applicable.)

- a. Plan Provision.
- b. Top-paid group election - Highly Compensated Employee determination limited to top 20% of Employees by pay.
- c. Calendar year data election - Method for determining greater than \$80,000 in compensation (as adjusted by the Secretary pursuant to Code section 415(d)), uses compensation paid during the calendar year beginning with or within the Look-Back Year. (Not available for calendar year plans.)
- d. The employee census for all plans will be based on:
  - d.1. The preceding Plan Year.
  - d.2. The calendar year beginning within the preceding Plan Year.
  - d.3. The 12-month period ending \_\_\_/\_\_\_/\_\_\_\_. (Select this option when using the Plan Year of another plan of the Employer.)

**A4. Computation Periods for Years of Service**

**Eligibility Computation Period** - The initial Eligibility Computation Period begins on the Employment Commencement Date and ends on the anniversary thereof. The Eligibility Computation Periods subsequent to the initial Eligibility Computation Period:

- a. Continue to be based on the Employment Commencement Date. (Plans using the Elapsed Time Method for determining a Year of Service for Eligibility purposes must select this option.)
- b. Are the Plan Years beginning with the first Plan Year commencing prior to the first anniversary of the Employment Commencement Date. (Not available for Plans using the Elapsed Time Method for determining a Year of Service for Eligibility purposes.)

**Computation Periods for Vesting Service and Credited Service** - The computation period for a Year of Service shall be the 12-consecutive month period selected below:

*Note: Credited Service is only applicable for Plans selecting certain Non-Elective and Matching Contribution allocation formulas (D13.k., D13.x., D13.z., D14.k, and D14.n.). You may omit Credited Service selections unless required by the allocation formula.*

Vesting Service	Credited Service	
<input type="checkbox"/>	<input type="checkbox"/>	c. The Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	d. The Employee's Eligibility Computation Period.
<input type="checkbox"/>	<input type="checkbox"/>	e. The 12-month period ending on the employment anniversary date.
<input type="checkbox"/>	<input type="checkbox"/>	f. The calendar year ending with or within the Plan Year.

**A5. Hour of Service** - Service is credited on the basis of actual hours for which the Employee is paid or entitled to payment. The Employer may elect to use the Elapsed Time Method to determine Years of Service. (Complete a. or b. for each purpose.)

Service for Eligibility Purposes	Vesting Service	Credited Service	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Service is based on actual hours and following equivalency will be used when records of hours are not maintained: (Also select one of a.1. through a.4.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.1. Days Worked - An Employee will be credited with 10 Hours of Service if he is credited with at least 1 Hour of Service during the day.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.2. Weeks Worked - An Employee will be credited with 45 Hours of Service if he is credited with at least 1 Hour of Service during the week.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.3. Semi-Monthly or Two-Week (Bi-weekly) Payroll Period - An Employee will be credited with 95 Hours of Service if he is credited with at least 1 Hour of Service during the payroll period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.4. Months Worked - An Employee will be credited with 190 Hours of Service if he is credited with at least 1 Hour of Service during the month.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Service is determined under the Elapsed Time Method, and fractional years are measured using: (Also select one of b.1. through b.5. and one of b.6. through b.9.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.1. Exact dates in years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.2. Exact dates in months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.3. Calendar month granted if Employee credited with an Hour of Service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.4. Nearest calendar months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.5. Completed calendar months
			and rounded to the nearest:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.6. 1/12th of a year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.7. 1/10th (.1) of a year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.8. 1/100th (.01) of a year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.9. 1/1000th (.001) of a year.

**A6. Years of Service**

*Note: For Eligibility and Vesting purposes, no more than 1000 hours may be required, though a lesser number may be specified. For Credited Service, no more than 2000 hours may be required for a Year of Service, with proration required for 1000 hours or more.*

**Year of Service for Eligibility Purposes** - If service for eligibility purposes is based on Hours of Service, a Year of Service is granted for each computation period during which at least 1000 hours are credited, unless a lesser number of hours is specified in A8.d.1.

**Years of Vesting Service** (Select one of a. through c. or d.)

Determined based on Hours of Service method using one of the following:

- a. At least 1000 hours credited during a computation period for Vesting Service. (Plan provision.)
- b. \_\_\_\_ Hours of Service (not to exceed 1000) credited during a computation period for Vesting Service.
- c. \_\_\_\_ Hours of Service (not to exceed 1000 hours), pro-rata year given if less than specified hours.
- d. Determined under the Elapsed Time Method using the following measure:
  - d.1. \_\_\_\_ months of service (May not require more than 12 months.)
  - d.2. \_\_\_\_ days of service (May not require more than 365 days.)

All Years of Vesting Service are taken into account UNLESS you exclude certain years. (Select either e. or any combination of f. through h.)

- e. Include all Years of Vesting Service.
- f. Exclude Years of Vesting Service prior to age 18.
- g. Exclude Years of Vesting Service prior to the original Effective Date of this Plan.
- h. Exclude Years of Vesting Service prior to the original Effective Date of predecessor plan - Effective Date of predecessor plan: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Year of Credited Service**

Complete if the Non-Elective and Matching Contribution allocation formula is based on Credited Service (D13.k., D13.x., D13.z., D14.k., or D14.n.) and Credited Service is based on Hours of Service. (If Credited Service is based on the Elapsed Time Method, omit and refer to the Definition "Elapsed Time Method.")

- i. \_\_\_\_ Hours of Service (not to exceed 1000).
- j. \_\_\_\_ Hours of Service, pro-rata year given if less than specified hours (not to exceed 2000).
- k. \_\_\_\_ Hours of Service, pro-rata year given if less than specified hours provided at least \_\_\_\_ hours are earned (first blank not to exceed 2000, second blank not to exceed 1000).

Years of Credited Service are granted for:

- l. Years while a Participant.
- m. All years with the Employer.
- n. Limited to \_\_\_\_ years.

**A7. Service with Predecessor Employers/Prior Employers** - Service with Predecessor Employers is treated as service for the Employer, if the Employer maintains the plan of the Predecessor Employer. In all other cases, predecessor service is granted as specified below. Where applicable, identify the Predecessor Employer(s) and any document(s) that provide(s) for the crediting of service with such predecessor(s).

- a. No predecessor service is being granted.
- b. The Plan credits predecessor service as specified in this item b.  
 Service with the following entities shall be credited as service under this Plan: \_\_\_\_\_  
 Service with the above entities has been determined under the terms of the following documents, if any: \_\_\_\_\_

The granting of predecessor service is due to:

- b.1. Adoption of predecessor's plan.
- b.2. Merger of predecessor's plan and this Plan.
- b.3. Spin-off of portion of predecessor's plan to form this Plan.
- b.4. Termination of predecessor's plan.
  - b.4.A. Assets and liabilities transferred to this Plan.
  - b.4.B. Assets of prior plan distributed. Service granted for those employed as of \_\_\_\_/\_\_\_\_/\_\_\_\_.



Such service credit will be limited to 5 years, and will be counted for (select all applicable):

- b.5. Eligibility.
- b.6. Vesting.
- b.7. Contribution Allocations.
- b.8. Attainment of Early or Normal Retirement Age.

c. The Plan credits service with prior employers as specified in this item c.

Service with the following prior employers shall be credited as service under this Plan: \_\_\_\_\_

Such service credit will be limited to 5 years, and will be counted for (select all applicable):

- c.1. Eligibility.
- c.2. Vesting.
- c.3. Contribution Allocations.
- c.4. Attainment of Early or Normal Retirement Age

**A8. Eligibility Requirements for Elective Deferral, Non-Elective Contributions, Matching Contributions (Section 2.1.1) and Elective Deferral under an Eligible Automatic Contribution Arrangement (EACA) (Section 2.2.3)** - An Employee is eligible to participate in a portion of the Plan, if he satisfies the following requirements during the Eligibility Computation Period. (Select all applicable. Selecting more than one option means that an Employee must meet all indicated requirements for eligibility, except for option f. "Employed on". Option f. overrides any other requirement.)

Elective Deferrals (non-EACA) and ADP Test or QACA Safe Harbor		EACA Elective Deferrals		Non-Elective Contributions		Matching Contributions		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		a. No age or service required.
N/A		N/A		<input type="checkbox"/>		<input type="checkbox"/>		b. Use the eligibility requirements selected for Elective Deferrals.
<input type="checkbox"/>		N/A		N/A		N/A		b.1 For Employer Safe Harbor (ADP test or QACA) Contributions, apply the statutory exclusion of minimum age of 21 and service requirement of a Year of Service consisting of 1000 Hours of Service during an Eligibility Computation Period. (Select additional options to specify the eligibility requirements for Elective Deferrals.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		c. Minimum age of ____ years. (Not to exceed 21.)
____	(age)	____	(age)	____	(age)	____	(age)	Specify age.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d. Service requirement. (If a service requirement applies, select one of d.1., d.2., or d.3.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d.1. Minimum of ____ Year(s) of Service, where ____ Hours of Service are required for a Year of Service for Eligibility purposes. (Cannot require more than 1 year for Elective Deferrals, ADP Test or QACA Safe Harbor, or 2 years for other Employer Contributions. If 2 years is selected, must select full and immediate vesting. Also, cannot require more than 1000 Hours of Service during the 12-month computation period for a Year of Service.)
____	year	____	years	____	years	____	years	Specify years required. Whole years only.
____	hours	____	hours	____	hours	____	hours	Specify number of hours within 12-month computation period. (Cannot exceed 1000 Hours of Service).
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d.2. Minimum of ____ months (cannot require more than 12 months for Elective Deferrals) of service in which the Employee is credited with ____ Hours of Service in each month, but in no event will the Employee be required to complete more than 1 Year of Service as defined in Part 1 Article II. (If 24 months is selected, must select full and immediate vesting.)

Elective Deferrals (non-EACA) and ADP Test or QACA Safe Harbor		EACA Elective Deferrals		Non-Elective Contributions		Matching Contributions		
___	months	___	months	___	months	___	months	Specify months.
___	hours	___	hours	___	hours	___	hours	Specify hours to be completed during a month.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d.2.A Months must be consecutive, but in no event will the Employee be required to complete more than 1 Year of Service as defined in Part 1 Article II.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d.3. Minimum of ___ months of service - use Elapsed Time Method. (Cannot require more than 24 months (12 months for Elective Deferrals/ADP test or QACA safe harbor). If 24 months is selected, must select full and immediate vesting. An Employee cannot be required to complete any specified number of Hours of Service.)
___	months	___	months	___	months	___	months	Specify months.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e. In determining the applicable Entry Date, the service requirement described above is satisfied as soon as the hours or months requirements are met, not at the end of the Eligibility Computation Period.
<i>Note: Elections in f. below require testing under 1.401(a)(4)-4 Benefits, Rights, and Features.</i>								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f. Eligible Employees employed on ___/___/___ are eligible as indicated below.
___/___/___		___/___/___		___/___/___		___/___/___		Specify "employed on" date
								Select either or both of the following, if Employees must also meet the eligibility requirements selected above:
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f.1. Age requirement.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f.2. Service requirement. (If not selected, employees that would otherwise never work 1000 hours per year will enter the Plan.)
								Employees who meet these requirements shall enter the Plan as of:
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f.3. The date specified below. (Prior to next Plan Entry Date)
___/___/___		___/___/___		___/___/___		___/___/___		Specify the Entry Date.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f.4. The Effective Date of this document.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f.5. The next Plan Entry Date.

**A9. Break in Service** - A Break in Service occurs if an Employee fails to complete more than 500 Hours of Service during the applicable computation period unless a lesser number is specified.

*Note: A Year of Service and a Break in Service must be measured on the same computation period. A Break in Service for vesting purposes must use the same computation period used to determine a Year of Vesting Service.*

Eligibility	Vesting	Credited Service	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Plan Provision. A Break in Service will occur if the Employee fails to complete more than 500 Hours of Service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. A Break in Service will occur if the Employee fails to complete more than ___ (not to exceed 500) Hours of Service. Specify hours, not to exceed 500.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. A Break in Service will occur after a one year period of severance under the Elapsed Time Method.

**A10. Entry Date for Elective Deferral (including EACA), Non-Elective Contributions, and Matching Contributions (Section 2.1.2)** - An Employee who satisfies the eligibility requirements enters the Plan on the Entry Date. (Specify the Entry Date for each type of contribution permitted under the Plan.)

Elective Deferrals (and ADP or QACA Safe Harbor, if applicable)		Non-Elective Contributions		Matching Contributions			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.	Same selection as Entry Date for Elective Deferrals.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.	Semiannual - First Entry Date: ___/___ or the date 6 months later, coincident with or next following satisfaction of the eligibility requirements.
___/___		___/___		___/___			Specify first entry date in the Plan Year.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c.	Quarterly - First Entry Date: ___/___ and the same day of the month occurring in each successive 3-month period, coincident with or next following satisfaction of the eligibility requirements.
___/___		___/___		___/___			Specify first entry date in the Plan Year.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d.	Monthly - The _____ day of each calendar month of the Plan Year, coincident with or next following satisfaction of the eligibility requirements
_____		_____		_____			Select the day of the month.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.	First day of next Plan Year coincident with or next following satisfaction of the eligibility requirements, but in no event later than ___ months (not to exceed 6) after satisfaction of the requirements.
_____		_____		_____			Specify number of months, not to exceed 6.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f.	First day of the next Plan Year after satisfaction of the eligibility requirements, but in no event later than ___ months (not to exceed 6) after satisfaction of the requirements
_____		_____		_____			Specify number of months, not to exceed 6.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g.	First day of the _____ month (not more than 6th) after satisfaction of the eligibility requirements, but in no event later than the first day of the next Plan Year.
_____		_____		_____			Select month.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h.	The _____ (first or last) day of the Plan Year in which the eligibility requirements are satisfied. (If "last" is used, eligibility requirements, item A8 above, cannot exceed 6 months of service and age 20-1/2 or 18 months of service and age 20-1/2 with immediate (100%) vesting.)
_____		_____		_____			Select "first" or "last."
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i.	First day of the Plan Year nearest to the date the eligibility requirements are satisfied.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j.	First day of the Plan Year coincident with or next following the date the eligibility requirements are satisfied, but in no event later than 6 months after satisfying the eligibility requirements.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k.	First day of the Plan Year coincident with or next following the satisfaction of the eligibility requirements. (Eligibility requirements, item A8. above, cannot exceed 6 months of service and age 20-1/2 or 18 months of service and age 20-1/2 with immediate (100%) vesting.)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l.	Anniversary Date coincident with or next following the satisfaction of the eligibility requirements but in no event later than the first day of the next Plan Year or 6 months after satisfying the eligibility requirements.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m.	Anniversary Date of the Plan Year in which the eligibility requirements are satisfied, but in no event later than 6 months after satisfying the eligibility requirements.
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n.	Date of satisfaction of the eligibility requirements.

**B. Date Provisions****B1. Anniversary Date** - The Anniversary Date is:

- a. The last day of the Plan Year.
- b. The first day of the Plan Year.
- c. \_\_\_/\_\_\_ of each Plan Year. (Enter month and day)
- d. Other - Specify: \_\_\_\_\_ (Must be at least annually.)

**B2. Valuation Date**

*Note: Participant controlled investments, as specified in item H3., are valued daily, unless otherwise specified in item B2.k. below.*

The Valuation Date is the date or dates on which the assets of the Trust Fund are valued and Participants' Accounts determined. (Select all applicable.)

- a. Last day of the Plan Year.
- b. Semiannually on the last day of each 6 month period beginning with the first day of the Plan Year.
- c. Quarterly on the last day of each 3 month period beginning with the first day of the Plan Year.
- d. Monthly on the last day of each calendar month of the Plan Year.
- e. Bi-Monthly beginning on the last day of the second month of the Plan Year and at two month intervals thereafter on the last day of the month.
- f. Semi-Monthly on the 15th day and last day of each calendar month.
- g. Weekly.
- h. Bi-Weekly.
- i. Last day of each pay period.
- j. Daily.
- k. Other. (e.g., If different assets have different valuation dates, such as Segregated Funds are valued on a different basis, specify in this item) Specify: \_\_\_\_\_ (Must be at least annually)

*Note: For purposes of computing the Top-Heavy Ratio: For the first Plan Year, the Valuation Date is the last date of that year. For any subsequent Plan Year, the Valuation Date is the last Valuation Date in the prior Plan Year.*

**B3. Normal Retirement Age** - For each Participant the Normal Retirement Age is: (Select one or more of a. through l. If more than one option is selected, Normal Retirement Age is attained on the first date the requirements of any option are met, but in no event later than age 65 and the 5th anniversary of participation in the Plan. For this purpose only, participation is assumed to commence as of the first day of the first Plan Year in which the Employee became a Participant.)

- a. Statutory: The later of age 65 or the 5th anniversary of participation in the Plan. For this purpose only, participation is assumed to commence as of the first day of the first Plan Year in which the Employee became a Participant.
- b. Age \_\_\_\_ (not to exceed 65 and may not be less than 55).
- c. Age \_\_\_\_ and \_\_\_\_ Years of Service.
- d. Age \_\_\_\_ and \_\_\_\_ Years of Participation.
- e. Sum of age and Years of Service equals \_\_\_\_.
- f. Sum of age and Years of Participation equals \_\_\_\_.
- g. Age \_\_\_\_ and the sum of the age and Years of Service equals \_\_\_\_.
- h. Age \_\_\_\_ and the sum of age and Years of Participation equals \_\_\_\_.
- i. Age \_\_\_\_ and the \_\_\_\_ anniversary of employment.
- j. Age \_\_\_\_ and the \_\_\_\_ anniversary of actual participation in the Plan.
- k. Age \_\_\_\_ and the \_\_\_\_ anniversary of the participation commencement date. For this purpose only, participation is assumed to commence as of the first day of the first Plan Year in which the Employee became a Participant.
- l. Other - Specify: \_\_\_\_\_, but in no event later than the later of age 65 or the 5th anniversary of participation. (Cannot discriminate in favor of Highly Compensated Employees.)

**B4. Normal Retirement Date** - The Normal Retirement Date is:

- a. The actual date Normal Retirement Age is attained.
- b. The first day of the month in which Normal Retirement Age is attained.
- c. The first day of the month nearest the date Normal Retirement Age is attained.
- d. The first day of the month coincident with or next following the date Normal Retirement Age is attained.
- e. Anniversary Date of the Plan Year in which Normal Retirement Age is attained, but in no event later than 6 months following attainment of Normal Retirement Age.
- f. Anniversary Date nearest the date Normal Retirement Age is attained.
- g. Anniversary Date coincident with or next following the date Normal Retirement Age is attained, but in no event later than 6 months following attainment of Normal Retirement Age.
- h. Anniversary Date coincident with or next preceding the date Normal Retirement Age is attained.
- i. The last day of the month in which Normal Retirement Age is attained.
- j. The last day of the month nearest the date Normal Retirement Age is attained.
- k. The last day of the month coincident with or next following the date Normal Retirement Age is attained.

**B5. Early Retirement Age** - For each Participant, the Early Retirement Age is: (Select all that apply. If more than one option is selected, the Participant attains Early Retirement Age at the earliest age when any of the selected requirements are satisfied.)

*Note: In no event shall Early Retirement Age exceed Normal Retirement Age.*

- a. The Plan does not provide an Early Retirement Age. (Skip Question B6.)
- b. Age \_\_\_\_.
- c. Age \_\_\_\_ and \_\_\_\_ Years of Service.
- d. Age \_\_\_\_ and \_\_\_\_ Years of Participation.
- e. \_\_\_\_ years prior to the Normal Retirement Age.
- f. Sum of age and Years of Service equals \_\_\_\_.
- g. Sum of age and Years of Participation equals \_\_\_\_.
- h. Age \_\_\_\_ and the sum of the age and Years of Service equals \_\_\_\_.
- i. Age \_\_\_\_ and the sum of age and Years of Participation equals \_\_\_\_.
- j. \_\_\_\_ Years of Service.
- k. \_\_\_\_ Years of Participation.
- l. Age \_\_\_\_ and the \_\_\_\_ anniversary of employment.
- m. Age \_\_\_\_ and the \_\_\_\_ anniversary of actual participation in the Plan.

**B6. Early Retirement Date** - The Early Retirement Date is:

- a. The actual date Early Retirement Age is attained.
- b. The first day of the month in which the Early Retirement Age is attained.
- c. The first day of the month nearest the date Early Retirement Age is attained.
- d. The first day of the month coincident with or next following the date Early Retirement Age is attained.
- e. Anniversary Date of the Plan Year in which the Early Retirement Age is attained.
- f. Anniversary Date nearest the date Early Retirement Age is attained.
- g. Anniversary Date coincident with or next following the date Early Retirement Age is attained.
- h. Anniversary Date coincident with or next preceding the date Early Retirement Age is attained.
- i. The last day of the month in which the Early Retirement Age is attained.
- j. The last day of the month nearest the date Early Retirement Age is attained.
- k. The last day of the month coincident with or next following the date Early Retirement Age is attained.

**B7. Disability** - The Plan requires the Adoption Agreement to specify the meaning of the term "Disability" and that an Employee or Participant is "Disabled" if he has a Disability. The Plan Administrator shall make all determinations in connection with such issues in a uniform, nondiscriminatory manner. An Employee or Participant has a "Disability" if:

(Select a. or one or more of b. through d. Selecting more than one option means that an Employee or Participant has a Disability as of the earliest date he meets one of the selected options.)

- a. No disability benefits are provided and there are no disability-related vesting provisions.
- b. He suffers from a medically determinable physical or mental impairment that may be expected to result in death or to last for a continuous period of not less than \_\_\_ (at least 12) months and that renders him incapable of performing his duties.
- c. The Social Security Administration has determined that he is eligible to receive Social Security disability benefits.
- d. He has begun to receive payments under the long term disability program or a comparable disability program maintained by the Employer.

**B8. Limitation Year** - The Limitation Year for purposes of the limitation imposed by Code section 415 is:

- a. The Plan Year.
- b. Calendar year coinciding with or ending within the Plan Year.
- c. The 12-consecutive month period ending \_\_\_/\_\_\_.
- d. Employer Fiscal Year ending with or within Plan Year.
- e. The 12-consecutive month period ending \_\_\_\_\_ (Specify. e.g. "the last Friday in February") with or within Plan Year.

**C. Compensation**

**C1. Compensation (Section 3.2.5(a) and Definitions)** - For purposes of the Plan, a Participant's Compensation is based on one of the Code section 415 definitions of Compensation, as selected below, and measured over the Compensation Computation Period, as selected in C3.

**Note: Use caution when selecting different definitions of Compensation for the various Plan purposes. Column 1, Plan Compensation, means Compensation as that defined term is used for any Plan purpose, including for Elective Deferral purposes, except as indicated under columns 2 or 3.**

Plan Compensation (e.g Elective Deferral, Match and Non-Elective purposes)	Compensation for Safe Harbor Employer Contribution purposes (ADP Test or QACA)	Compensation for Code sec. 415 and 416 purposes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Wages, tips, and other compensation entered on Box 1 of Form W-2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Code section 3401(a) compensation (compensation for FICA purposes).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Code section 415(c)(3) compensation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Simplified Code section 415(c)(3) compensation, as defined in Treas. Reg. 1.415(c)-(2)(d)(2).
N/A	<input type="checkbox"/>	N/A	e. Not applicable. Not a Safe Harbor CODA plan.

**Deferrals** - Specify the deferrals to be excluded from the definition used for Plan Compensation. All salary deferrals must be included or excluded to maintain a Code sec. 414(s) safe harbor definition of Compensation.

Indicate the **exclusions** from among the salary deferrals by selecting f. or any of g. through l. Omit to **include** all salary deferrals in the applicable definition of Compensation.

Plan Compensation (including for Elective Deferral purposes)	Safe Harbor Employer Contributions	Non-Elective Contributions	Matching Contributions	
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	f. All of the items listed in g. through l.
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	g. 402(h)(1)(B) (SEP deferrals).
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	h. 125 (Cafeteria Plan).
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	i. 132(f)(4) (Transportation).
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	j. 402(e)(3) (401(k) and 403(b) deferrals).
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	k. 457(b) deferrals.
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	l. 408(p) (Simple Retirement Account 402(k) deferrals).

**Deemed Sec. 125 Compensation** - The Plan may include Deemed Sec 125 Compensation in Compensation. (Select m. or one of n. or o. for the basic definition of Compensation selected above. This selection does not affect the safe harbor status of the definition of Compensation.)

m. Not applicable. No Cafeteria Plan or no Deemed Sec. 125 Compensation.

Plan Compensation (including for Elective Deferral purposes)	Safe Harbor Employer Contributions	Non-Elective Contributions	Matching Contributions	Compensation for Code Sec. 415 and 416 purposes!	
<input type="checkbox"/> Include	<input type="checkbox"/> Include	<input type="checkbox"/> Include	<input type="checkbox"/> Include	<input type="checkbox"/> Include	n. Include Deemed Sec. 125 Compensation.
<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	<input type="checkbox"/> Exclude	o. Exclude Deemed Sec. 125 Compensation.

**C2. Modifications to Compensation** - For Plan purposes as indicated by the columns below, indicate the modifications to Compensation.

**Exclusions** - Plan Compensation shall exclude the following (No exclusions in this area, other than g., taxable employee benefits, are permitted for Code section 414(s) safe harbor Compensation.):

Plan Compensation (including for Elective Deferral purposes)		Safe Harbor Employer Contributions		Non-Elective Contributions		Matching Contributions		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		a. No exclusions from Compensation.
N/A		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		b. Same as selections for Plan Compensation.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		c. Overtime.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d. Commissions.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e. Discretionary bonuses.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		f. Bonuses.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		g. Taxable employee benefits.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		h. In excess of the specified dollar amount.
\$	_____	\$	_____	\$	_____	\$	_____	Specify the dollar amount.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		i. Other exclusion - specify. (Cannot discriminate in favor of Highly Compensated Employees.)
								Specify the other exclusion from Compensation.

**Final Code Sec. 415 regulations and HEART Act Compensation** - Select "include" or "exclude" regarding the treatment as Compensation of amounts described below. These selections do not affect the safe harbor status of the definition of Compensation.

Plan Compensation (including for Elective Deferral purposes)		Compensation for ADP Test or QACA Safe Harbor Employer Contribution purposes		Compensation for Code sec. 415 and 416 purposes		
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	j. Include amounts paid during the first few weeks of the next Limitation Year. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	k. Exclude amounts paid during the first few weeks of the next Limitation Year.

**Compensation for nonparticipating nonresident aliens** - For administrative convenience in determining Key and Highly Compensated Employees, the Employer may elect to exclude compensation paid to nonresident aliens who are not Participants.

- l. Exclude compensation paid to nonresident aliens who do not participate to the extent compensation is excluded from gross income and not effectively connected with a U.S. trade or business.
- m. Include compensation paid to nonresident aliens who do not participate, though compensation is excluded from gross income and not effectively connected with a U.S. trade or business.



**Salary Continuation while on Military Leave**

*Note: Differential Wage Payments are salary continuation payments received while on active military duty for more than 30 days. For Plan Years beginning on or after January 1, 2008, Differential Wage Payments are included in Compensation for Code sec. 415 and 416 purposes.*

Plan Compensation (including for Elective Deferral purposes)		Compensation for ADP Test or QACA Safe Harbor Employer Contribution purposes			
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	n.	Include Differential Wage Payments.
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	o.	Exclude Differential Wage Payments.
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	p.	Include salary continuation payments for military service that do not meet the definition of Differential Wage Payments in Compensation for Code sec. 415 and 416 purposes and for Plan purposes as indicated.
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	q.	Exclude salary continuation payments for military service that do not meet the definition of Differential Wage Payments.

**Salary Continuation for Disabled Participants** - Select one of r. or s., to include, or select t. to exclude salary continuation payments to Disabled Participants as Compensation.

Plan Compensation (including for Elective Deferral purposes)		Compensation for ADP Test or QACA Safe Harbor Employer Contribution purposes		Compensation for Code sec. 415 and 416 purposes			
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	r.	Include Compensation paid to any Participant who is permanently and totally disabled. (Check this box only if salary continuation applies to all Participants who are permanently and totally disabled for a fixed or determinable period.)
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	s.	Include Compensation paid to any Participant who is not Highly Compensated and who is permanently and totally disabled.
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	t.	Exclude Compensation paid to Participants who are permanently and totally disabled. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment)

**Post-Severance Compensation** - Select to "include" or "exclude" certain items as Post-Severance Compensation. These selections do not affect the safe harbor status of the definition of Compensation.

- u. Apply the Plan's rules regarding certain Post-Severance Compensation in Limitation Years beginning after \_\_\_/\_\_\_/\_\_\_\_. (Select this option and specify a date before July 1, 2007, if the provisions of the Plan regarding the inclusion of certain Post-Severance Compensation in the definition of Compensation applied prior to July 1, 2007.)

Plan Compensation (including for Elective Deferral purposes)		Compensation for ADP Test or QACA Safe Harbor Employer Contribution purposes		Compensation for Code sec. 415 and 416 purposes			
<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	v.	Include Post-Severance Compensation that is for unused sick, vacation or leave pay.
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	w.	Exclude Post-Severance Compensation that is for unused sick, vacation or leave pay. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)

Complete x. or y. only if Compensation for that Plan purpose is defined as Code section 415(c)(3) compensation.

<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	<input type="checkbox"/>	Include	x.	Include amounts received post-severance pursuant to an unfunded deferred compensation plan.
<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	<input type="checkbox"/>	Exclude	y.	Exclude amounts received post-severance pursuant to an unfunded deferred compensation plan. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)

**C3. Compensation Computation Period** - The Compensation Computation Period for QACA and ADP Test Safe Harbor Contributions is the Plan Year. (Specify the Compensation Computation Period for other Plan purposes below. Also specify the Compensation Computation Period during the initial year of Participation, for each Plan purpose, including Safe Harbor Contributions, in item g. or h. Select all applicable.)

Plan Compensation (including for Elective Deferral purposes)	Compensation for Non-Elective Contributions	Compensation for Matching Contributions	Compensation for Sec. 416 purposes	
N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Same as the Compensation Computation Period for Plan Compensation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Limitation Year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Calendar year ending with or within the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	e. Over the period selected below that ends with or within the Plan Year:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.1. Pay period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.2. Monthly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.3. Bi-Monthly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.4. Quarterly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.5. Semi-Annually.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.6. Bi-Weekly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e.7. Weekly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	f. The 12-consecutive month period ending on (___/___) with or within the Plan Year. (For Employees whose Employment Commencement Date is less than 12 months before the end of the 12-month period designated, Compensation will be determined over the Plan Year.)
___/___	___/___	___/___		Specify the last day of the 12-month period.

**Compensation for initial Plan Year of Participation:**

Plan Compensation (including for Elective Deferral purposes)	Compensation for ADP Test or QACA Safe Harbor Employer Contributions	Compensation for Non-Elective Contributions	Compensation for Matching Contributions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. From Entry Date as a Participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. For the 12-month period ending in the initial year of participation.

**D. Contribution and Allocation**

**D1. Elective Deferrals (Section 2.2.2)** (Select all applicable.)

- a. No limits on Elective Deferrals.
- b. Elective Deferrals must be at least \_\_\_\_% of Compensation. (Do not enter a value in excess of 1%.)
- c. Elective Deferrals cannot exceed \_\_\_\_% of Compensation. (May not exceed 100%.)
- d. HCEs may defer up to \_\_\_\_% of Compensation. (May not exceed 100%.)
- e. Elective Deferrals must be at least \$\_\_\_\_\_ (must be a de minimis amount), per payroll period.
- f. Elective Deferrals may not exceed \$\_\_\_\_\_ per Plan Year.
- g. Other: \_\_\_\_\_

*Note: Any minimum or maximum limitation described here must conform to all of the Plan's CODA restrictions and rules and must not discriminate in favor of Highly Compensated Employees.*

- h. Bonuses: (Select one of h.1. through h.3., and select h.4. if applicable.)  
*Note: Review the selections under C2.e.1. and C2.f.1., regarding treatment of bonuses and discretionary bonuses as Plan Compensation, before selecting options under this item D1.h . Selections in this area do NOT modify the definition of Plan Compensation.*
  - h.1. Bonuses are not subject to deferral election.
  - h.2. Bonuses are subject to the same deferral election as regular wages.
  - h.3. A special election shall be provided for bonuses.
  - h.4. Bonuses paid within 2-1/2 months of the end of the Plan Year shall be subject to the deferral election for the prior Plan Year.

**D2. Automatic Compensation Reduction (ACR) / Automatic Contribution Arrangement (Section 2.2.3)** This item includes options for ACR provisions that are not part of an EACA or QACA, as well as EACA and QACA options.

ACR (not EACA, not QACA)		EACA		QACA		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		a. Not permitted.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		b. Permitted as of the Effective Date of this Plan, unless otherwise specified below.
___/___/___		___/___/___		___/___/___		Effective date for ACR, EACA, or QACA provisions. (Specify the effective date if it is other than the general Effective Date of this Plan.)
(If the Plan includes EACA provisions that vary for groups of Participants, skip to item p. Otherwise, select c., d., or e., for each type of ACR or automatic contribution arrangement, and complete all other applicable items.)						
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		c. Permitted, and the initial percentage and escalator provisions are the QACA statutory provisions of 3% during the initial period, 4% in the year following the initial period, 5% in the next year, and 6% for the years thereafter.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		d. Permitted, and the initial percentage, specified in f., is subject to alternative escalator provisions, as indicated in g.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e. Permitted, and is a flat percentage, as specified in f. below.
_____	%	_____	%	_____	%	f. If d. or e. is selected, specify the default / initial percentage. Percentage entered cannot exceed 10%. Also, for a QACA, the percentage must be at least 6%. (e.g. for 6%, enter 6.00)

**Periodic increase and maximum percentage** - If d. was selected, specify the periodic increase and the maximum default election percentage, as a percentage of Compensation. (E.g. The increase in a Participant's ACR shall be g.1.% up to a maximum ACR of g.2.% of Compensation.)

_____	%	_____	%	_____	%	g.1. Specify the periodic increase as a percentage of Compensation. (In no event will the default election exceed the maximum default election percentage.)
_____	%	_____	%	_____	%	g.2. Specify the maximum default election percentage. (Cannot exceed 10%.)

**Timing for the periodic increases** - If c. or d. is selected, indicate the timing for the periodic increases. (The date on which the increase is applied to a given Participant depends on the type of automatic contribution arrangement, as well as the selections below. See 2.2.3.)

ACR (not EACA, not QACA)	EACA	QACA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Increases occur on the first day of the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Increases occur on the specified date each year.
___/___	___/___	___/___	Specify the date on which increases in the default percentage occur.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Do not apply the automatic increase to a Participant to whom the current default percentage did not apply for an entire Plan Year.

**Participants subject to default election** - If c., d. or e. is selected, indicate the Participants to whom the default election will apply. The default election applies to: (select all applicable)

ACR (not EACA, not QACA)	EACA	QACA	
<input type="checkbox"/>	<input type="checkbox"/>	N/A	k. All Eligible Participants.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Current Participants without an election.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. All Participants whose prior year election is less than the current year default reduction percentage.
<input type="checkbox"/>	<input type="checkbox"/>	N/A	n. All Participants hired after the specified date.
__/__/__	__/__/__		Specify the "hired after" date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. The selections above apply only to Participants who do not have an election on file on or after the effective date of this provision.
___/___/___	___/___/___	___/___/___	Specify the effective date of this provision.

**EACA that varies by Participant Groups**

- p. The Plan contains EACA provisions and the initial percentage and periodic increase rules vary by Participant group. (Specify the employee groups or classifications, adding as many rows as necessary in the text box, and provide the initial percentage and periodic increase rules for each. Cannot discriminate in favor of Highly Compensated Employees.)

**D3. Catch-up Contributions (Section 2.2.2(b))**

- a. Not applicable - Catch-up Contributions are not permitted.
- b. Catch-up Contributions are permitted.

If the Plan provides for Matching Contributions under D9., also select b.1. or b.2. Otherwise, skip to D4.

- b.1. Catch-up Contributions will be matched.
- b.2. Catch-up Contributions will not be matched.

*Note: Exclusion of Catch-up Contributions from Matching Contributions may make it difficult to accurately determine Matching Contributions.*

**D4. Roth Deferrals (After-tax, Section 2.2.2(a))**

- a. Not applicable - Roth Deferrals are not permitted.
- b. Roth Deferrals are permitted, and Participants may elect both pre-tax and Roth deferrals.
- c. Roth Deferrals are permitted, however a Participant's deferrals must be either all Roth or all pre-tax.
- d. The Plan permits Roth Deferrals as indicated in b. or c. and the effective date of this provision is other than the Effective Date of this Plan or a prior Plan. Effective date: \_\_\_/\_\_\_/\_\_\_
- e. If the Plan provides for Matching Contributions, also select e.1. or e.2. Otherwise, skip to D5.
  - e.1. Roth Deferrals will be matched.
  - e.2. Roth Deferrals will not be matched.

**D5. Deemed Individual Retirement Account (Section 3.12.1)**

*Note: In order to accept a rollover from a Roth IRA, the Plan must permit Deemed IRAs. Review the requirements for IRA accounts held within a qualified plan in Part 3 Article XII.*

- a. Not applicable - Deemed IRAs are not permitted.
- b. Deemed IRAs are permitted, and are pre-tax and/or after-tax Roth IRAs, as indicated in b.1 and b.2.
  - b.1. Pre-tax IRA.
  - b.2. After-tax Roth IRA.

**D6. Voluntary Employee Contributions (After-tax Only, Section 2.2.4)** (Select all applicable)

- a. Plan does not permit Voluntary Employee Contributions.
- b. Voluntary Employee Contributions were permitted until \_\_\_/\_\_\_/\_\_\_.
- c. Plan permits Voluntary Employee Contributions.  
If there are limitations on the amount of Voluntary Employee Contributions, complete all applicable.
- c.1. But not in excess of \_\_\_\_\_% of Compensation.
- c.2. But not in excess of \$\_\_\_\_\_ per Plan Year.

If the Plan provides for Matching Contributions, select c.3. or c.4. Otherwise, skip to D7.

- c.3. Match Voluntary Employee Contributions in same manner as Elective Deferrals.
- c.4. Do not match Voluntary Employee Contributions.

**D7. Paid Time Off Contributions (Section 2.2.1(a)(6))** (Select a or b., and complete c. if applicable.)

- a. The Employer does not sponsor a bona fide Paid Time Off (PTO) Plan or chooses not to provide that unused PTO credits may be treated as an Employer Contribution.
- b. The Employer sponsors a bona fide Paid Time Off (PTO) Plan that clearly defines when unused PTO credits will be forfeited, carried over, cashed out, or treated as an Employer Contribution. The Plan will treat the cash equivalent value of any unused PTO credits as indicated below. (Complete b.1., select one of b.2. or b.3., and select b.4., if applicable.)
- b.1. Specify the name(s) of the Paid Time Off Plan(s) to which the following selections apply. \_\_\_\_\_
- b.2. Unused PTO credits will be treated as a Non-Elective Contribution for all Participants.
- b.3. Unused PTO credits will be treated as an Elective Deferral, for Participants, as indicated below. (Select all that apply.)
- b.3.A. If the Participant provides a PTO Contribution deferral election.
- b.3.B. Automatically, for those Participants who are subject to an automatic contribution arrangement and who do not provide instructions to the contrary.
- b.4. Upon termination of employment, unused PTO credits are considered Post-Severance Compensation as indicated under C2.v., and will be treated as an Employer Contribution as indicated in b.2. or b.3. above.
- c. The Plan treats unused PTO credits as contributions to the Plan as indicated in a. or b., effective \_\_\_/\_\_\_/\_\_\_\_\_. (Complete if the effective date for the PTO provision is other than the general Effective Date of this Plan or a prior Plan.)

**D8. Non-Elective Contribution (Section 2.2.1(a)(3)(i))** - The Employer Non-Elective Contribution (other than ADP Test or QACA Safe Harbor, QNEC, Prevailing Wage, or Top-Heavy Contributions) to the Plan shall be: (Select all applicable. You may select i. in addition to making other selections under this item.)

- a. Not applicable - Non-Elective Contributions are not permitted.
- b. Discretionary.
- c. Discretionary, by employee classification defined in D25. below.
- d. Discretionary, by employee classification; each Participant is a separate class.

If the Employer Non-Elective Contribution is discretionary, select one of e. through g.

- e. Not limited to profits.
- f. Limited to profits for the year.
- g. Limited to accumulated profits.

Nondiscretionary

- h. An amount necessary to meet the allocation requirements in D13. below.
- i. The amount required by any collectively bargained agreement (CBA).
- j. \_\_\_\_\_% of eligible Plan Compensation. (Not to exceed 25%)
- k. Total of \$\_\_\_\_\_ per Plan Year, but not more than 25% of eligible Plan Compensation.

**D9. Matching Contributions (Section 2.2.1(a)(3)(ii))** - The Employer Matching Contributions (other than ADP Test / QACA Safe Harbor, QMAC, or Prevailing Wage Contributions) shall be: (You may select f. in addition to selecting one of b. through g.)

- a. Not applicable - Matching Contributions (other than those mentioned above) are not permitted.
- b. A discretionary amount determined by the Employer in a nondiscriminatory manner.

Nondiscretionary

- c. The total matching allocations calculated for Participants.
- d. The total matching allocations calculated for Participants plus a discretionary amount. (Complete D15. Supplemental Match.)
- e. The sum of the amounts specified for each employee classification.
- f. The amount required by any collectively bargained agreement (CBA).
- g. Other: \_\_\_\_\_  
*Note: This option is not considered a modification to the pre-approved plan.*

**D10. Requirements to Share in Non-Elective and Matching Contributions Allocations (Sections 2.3.2 and 2.3.3)** (Select all applicable. Does not apply to ADP Test / QACA Safe Harbor, QNEC, QMAC, Prevailing Wage or Top-Heavy Contributions.)

Non-Elective Contributions	Matching Contributions		
<input type="checkbox"/>	<input type="checkbox"/>	a.	Not applicable - No Employer Contributions of the type selected.
<b>Participants eligible to share in the Employer Contributions</b>			
<input type="checkbox"/>	<input type="checkbox"/>	b.	No exclusions. All Participants are eligible subject to the requirements selected below.
<input type="checkbox"/>	<input type="checkbox"/>	c.	Highly Compensated Employees are excluded.
<input type="checkbox"/>	<input type="checkbox"/>	d.	Key Employees are excluded. <i>(Note: May impact nondiscrimination testing.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	e.	Other excluded group - Specify. (Cannot discriminate in favor of Highly Compensated Employees.)
_____	_____		Specify the other excluded group.
<b>Requirements to share in the Employer Contributions</b>			
Select one of f. through l., under each applicable column. If you select j., k., or l., specify the service requirement under m.			
Non-Elective Contributions	Matching Contributions		
<input type="checkbox"/>	<input type="checkbox"/>	f.	Will be eligible regardless of hours, months, or days of service.
<input type="checkbox"/>	<input type="checkbox"/>	g.	Must be employed on the last day of the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	h.	Must have received Compensation since prior Allocation Date.
<input type="checkbox"/>	<input type="checkbox"/>	i.	Must be employed on the Allocation Date for Employer Contributions.
<input type="checkbox"/>	<input type="checkbox"/>	j.	Must complete an hours, days, or months of service requirement, as specified in m. below.
<input type="checkbox"/>	<input type="checkbox"/>	k.	Must complete an hours, days, or months of service requirement, as specified in m. below, AND be employed on the last day of the Plan Year.
Non-Elective Contributions	Matching Contributions		
<input type="checkbox"/>	<input type="checkbox"/>	l.	Must complete an hours, days, or months of service requirement, as specified in m. below, OR be employed on the last day of the Plan Year.
		m.	Hours, days, or months requirement for j., k., or l. (Complete one of m.1., m.2., or m.3. under each applicable column.)
_____	_____	m.1.	Must complete the specified Hours of Service (cannot exceed 1000).
_____	_____	m.2.	Under the Elapsed Time Method, must complete the specified days (cannot exceed 365).
_____	_____	m.3.	Under the Elapsed Time Method, must complete the specified months (cannot exceed 12).

<b>Death, Retirement, Disability</b>			
If requirements other than those specified above apply if a Participant dies, retires, or becomes Disabled during the Plan Year, select the applicable options.			
Non-Elective Contributions	Matching Contributions		
<input type="checkbox"/>	<input type="checkbox"/>	n.	Regardless of the selections in f. through l., a Participant will be eligible as indicated below.
<input type="checkbox"/>	<input type="checkbox"/>	o.	If the Participant dies during the Plan Year, the requirement selected in o.1. or o.2. applies.
<input type="checkbox"/>	<input type="checkbox"/>	o.1.	No hours requirement.
<input type="checkbox"/>	<input type="checkbox"/>	o.2.	Only if the Participant meets Hours of Service requirement.
<input type="checkbox"/>	<input type="checkbox"/>	p.	If the Participant retires during the Plan Year, the requirement selected in p.1. or p.2. applies.
<input type="checkbox"/>	<input type="checkbox"/>	p.1.	No hours requirement.
<input type="checkbox"/>	<input type="checkbox"/>	p.2.	Only if the Participant meets Hours of Service requirement.
<input type="checkbox"/>	<input type="checkbox"/>	q.	If the Participant becomes Disabled during the Plan Year, the requirement selected in q.1. or q.2. applies. (Also complete item D11.)
<input type="checkbox"/>	<input type="checkbox"/>	q.1.	No hours requirement.
<input type="checkbox"/>	<input type="checkbox"/>	q.2.	Only if the Participant meets Hours of Service requirement.

**HEART Act Allocations**

- r. HEART Act Allocations (2.3.9(a)): In the case of death or Disability resulting from active military service, the Participant shall be eligible for an allocation as if he returned to employment with the Employer prior to death or Disability, provided the death or Disability occurred on or after \_\_\_/\_\_\_/\_\_\_ (no earlier than January 1, 2008).

**D11. Non-Elective Contributions on Behalf of Disabled Participants based on Imputed Compensation (Section 2.3.8)**  
(Select a. or b. If b. is selected, must complete c. below and must select E1.f.3., 100% vesting for Disabled Participants.)

- a. The Employer will not make Non-Elective Contributions on behalf of Disabled Participants based on imputed Compensation.
- b. The Employer will make Non-Elective Contributions on behalf of Disabled Participants, as indicated below, on the basis of the Compensation each such Participant would have received for the Limitation Year if the Participant had been paid at the rate of Compensation paid immediately before becoming Disabled. Such imputed Compensation for the Disabled Participant may be taken into account only if the contributions made on behalf of such Participant will be nonforfeitable when made. Compensation will mean Compensation as the term is defined in Part I, Article II.
  - b.1. Disabled Participants who are not Highly Compensated Employees.
  - b.2. All Disabled Participants.
- c. Contributions for Disabled Participants based on imputed Compensation shall be made: (If c2. or c3. is selected, must also select one of c4. through c7. Otherwise, select only one option.)
  - c.1. Only for the Plan Year in which he becomes Disabled.
  - c.2. For \_\_\_ Plan Years provided he continues to be Disabled, but not beyond the Plan Year selected below. (Must also select one of c4 through c7.)
  - c.3. For up to \_\_\_ years after date of Disability, but not beyond the Plan Year selected below. (Must also select one of c4. through c7.)
  - c.4. Until the end of the Plan Year in which he attains Early Retirement Age.
  - c.5. Until the end of the Plan Year before the Plan Year in which Early Retirement Age is attained.
  - c.6. Until the end of the Plan Year in which he attains Normal Retirement Age.
  - c.7. Until the end of the Plan Year before the Plan Year in which Normal Retirement Age is attained.

**D12. Fail Safe Allocations (Section 2.3.7)** - Allocations will be given to Employees who normally would not be given an allocation of Non-Elective Contributions in order to satisfy nondiscrimination requirements. If a fail safe is not elected, the Plan must be amended if the test fails.

- a. No fail safe. (Warning: If a Plan with this option fails the 410(b) tests, it must be amended within 9-1/2 months after the end of the Plan Year to bring it into compliance.)
- b. Fail Safe if the Plan fails coverage under Code section 410(b).

**D13. Allocation Method for the Employer Non-Elective Contribution (Section 2.3.2)** - The Employer Non-Elective Contribution is allocated to Participants on the basis selected below. (Select one of a. through z. and for integrated formulas, also complete item r. (Integration Level)) (Does not apply to ADP Test / QACA Safe Harbor Contributions, QNEC, or Prevailing Wage Contributions. See D21., D20., and D19., respectively.)

- a. Not applicable - Non-Elective Contributions are not permitted.

Dollar Based Formulas

- b. Flat dollar amount per Plan Year equal to the Non-Elective Contribution divided by the number of Participants. (Design based safe harbor, requires no additional testing)
- c. Flat dollar amount per Compensation Computation Period equal to the Non-Elective Contribution divided by the number of Participants. (Design based safe harbor, requires no additional testing)
- d. \$ \_\_\_\_\_ per Participant. (Design based safe harbor, requires no additional testing)
- e. \$ \_\_\_\_\_ per Hour of Service. (Requires additional testing)
- f. \$ \_\_\_\_\_ per Hour of Service up to a maximum of \_\_\_\_\_ hours. (Requires additional testing)

Non-Integrated Formulas

- g. Pro-rata on Compensation during the Plan Year. (Design based safe harbor, requires no additional testing)
- h. Pro-rata on Compensation during the Compensation Computation Period. (Design based safe harbor, requires no additional testing)
- i. \_\_\_\_\_% of each Participant's Compensation. (Design based safe harbor, requires no additional testing)
- j. Age-Weighted: Allocation pro-rata on an annuity of 1% of Compensation payable at Normal Retirement Age, where the present value of such annuity is based on the interest rates and the mortality table selected below. (Design based safe harbor, requires no additional testing)

<u>Preretirement interest rate</u>	<u>Post-retirement interest rate</u>
<input type="checkbox"/> 7.50%	<input type="checkbox"/> 7.50%
<input type="checkbox"/> 8.00%	<input type="checkbox"/> 8.00%
<input type="checkbox"/> 8.50%	<input type="checkbox"/> 8.50%
<input type="checkbox"/> Other: _____% (Must be between 7.5% and 8.5%)	<input type="checkbox"/> Other: _____% (Must be between 7.5% and 8.5%)

Post-Retirement Mortality

- |                                          |                                          |                                                 |
|------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> UP-84 (unisex)  | <input type="checkbox"/> 71 GAM - female | <input type="checkbox"/> 83 GAM - female        |
| <input type="checkbox"/> 71 IAM - male   | <input type="checkbox"/> 83 IAM - male   | <input type="checkbox"/> 83 GAM - blended 50/50 |
| <input type="checkbox"/> 71 IAM - female | <input type="checkbox"/> 83 IAM - female | <input type="checkbox"/> 94 GAR (unisex)        |
| <input type="checkbox"/> 71 GAM - male   | <input type="checkbox"/> 83 GAM - male   |                                                 |
- k. Uniform points allocation formula where: (May require additional testing)
    - k.1. The Non-Elective Contribution is allocated pro-rata over total awarded points for the Plan Year.
    - k.2. \$ \_\_\_\_\_ is allocated for each point.
    - k.3. \_\_\_\_\_% of Compensation is allocated for each point.  
Each Participant will be awarded: (Select at least 2 options; do not select both k.5. and k.6.)
      - k.4. \_\_\_\_\_ points for each year of age.
      - k.5. \_\_\_\_\_ points for each Year of Credited Service, as specified under A6.
      - k.6. \_\_\_\_\_ points for each Year of Credited Service, as specified under A6., at Normal Retirement Age (or current age if later).
      - k.7. \_\_\_\_\_ points for each \$ \_\_\_\_\_ of Compensation (not to exceed \$200).  
Limitations on points: (Omit if no limitations)
        - k.8. Maximum number of points per Participant: \_\_\_\_\_



- I. Tiered formula: Each eligible Participant shall receive an allocation of the Non-Elective Contribution in accordance with the following table: It is not necessary to contribute an amount sufficient to fund each tier. (Complete tier 1 and tier 6 and any middle tiers desired.)(Safe Harbor if percentage in first blank decreases or remains the same, otherwise will require additional testing)

Tier 1 Up to \_\_\_\_\_% of Compensation not in excess of \$ \_\_\_\_\_  
 Tier 2 Up to \_\_\_\_\_% of Compensation in excess of the amount in tier 1, but not in excess of \$ \_\_\_\_\_  
 Tier 3 Up to \_\_\_\_\_% of Compensation in excess of the amount in tier 2, but not in excess of \$ \_\_\_\_\_  
 Tier 4 Up to \_\_\_\_\_% of Compensation in excess of the amount in tier 3, but not in excess of \$ \_\_\_\_\_  
 Tier 5 Up to \_\_\_\_\_% of Compensation in excess of the amount in tier 4, but not in excess of \$ \_\_\_\_\_  
 Tier 6 Up to \_\_\_\_\_% of Compensation in excess of the amount in tier 5

The tiers will be applied:

- I.1. By allocating the Non-Elective Contribution tier by tier until no remaining contribution remains. The percentages entered above represent the maximum amount that can be allocated to a specific tier.
- I.2. As stated. (Money Purchase type formula a required fixed annual contribution)

Class Allocated Formulas

*Note: For m. through p., the classification definition may not be a definition limiting the group of NHCEs to the group 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 section 410(b). In the case of Self-Employed Individuals, (i.e. sole proprietors or partnerships), the requirements of Treasury Regulation section 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 application of the allocation method.*

- m. Prorate by classification. Each eligible Participant shall receive an allocation for the Plan Year equal to a prorata percentage of the Employer discretionary Non-Elective Contribution specified for the employee classification of which the Participant is a member, such percentage to equal the ratio that the Participant's Compensation for the Plan Year bears to the aggregate Compensation for all eligible Participants in the same employee classification for that Plan Year. (Must define the employee classification in D25. below.)
- n. Percentage of Compensation or Dollar Amount Per Participant. Each eligible Participant shall receive an allocation of Employer discretionary Non-Elective Contribution, such allocation will be based on the Participant's classification. There shall be a separate classification for each Participant identified by the Participant's name. A list of each classification and the associated percentage or dollar amount shall be prepared for each Plan Year not later than the time prescribed by law for filing the return for such applicable taxable year (including any extensions), and shall be maintained as part of the administrative records of the Plan.

*Note: The list must be updated on an annual basis and approved by the Employer prior to making the allocation.*

- o. Flat dollar amount per Plan Year equal to the Non-Elective Contribution to the class divided by the number of Participants in the class (Must define the employee classification in D25. below.)
- p. A dollar amount equal to cents per hour the Participant worked, where the cents per hour worked is based on the table below: (Add additional lines as necessary to accommodate all classifications and must define the employee classification in D25. below.)

<u>Employee Classification</u>	<u>Cents per Hour</u>	<u>Employee Classification</u>	<u>Cents per Hour</u>
A	___	F	___
B	___	G	___
C	___	H	___
D	___	I	___
E	___	J	___

- q. Pro-rata on weighted Compensation during the Plan Year. Weights are listed by Participant name. The list will be prepared and stored in the Employer's records on a permanent basis. Residual Non-Elective Contributions allocated pro-rata on: (Choose q.1. or q.2.)

- q.1. Compensation.
- q.2. Weighted Compensation.

*Note: The list must be updated on an annual basis and approved by the Employer prior to making the allocation.*

Integrated Formulas: Integration Level and Integrated Allocation Formulas

Complete r. to designate the integration level and select an integrated formula under s., t., u., or v.

- r. Integration Level - If the allocation formula selected is integrated, the integration level is: (See Section 2.3.5 and Definitions.)

Integration levels that automatically satisfy Code section 401(l)

- r.1. The Taxable Wage Base under the Social Security Act.
- r.2. The greater of \$\_\_\_\_\_ or 20% of the Taxable Wage Base under the Social Security Act.
- r.3. The greater of \$\_\_\_\_\_ or 80% of the Taxable Wage Base under the Social Security Act.
- r.4. The lesser of \$\_\_\_\_\_ or the Taxable Wage Base under the Social Security Act (the amount must exceed 80% of the Taxable Wage Base).
- r.5. \_\_\_\_\_% of the Taxable Wage Base under the Social Security Act (not to exceed 100%).
- r.6. The greater of \$10,000 or 20% of the Taxable Wage Base under section 230 of the Social Security Act in effect as of the first day of the Plan Year.
- r.7. 80% of the Taxable Wage Base under section 230 of the Social Security Act in effect as of the first day of the Plan Year plus \$\_\_\_\_\_ (not to exceed \$1,000).

Integration levels that do not automatically satisfy Code section 401(l) and require additional testing. Employer may not rely on Sponsors Advisory Letter with respect to 401(a)(4).

- r.8. \_\_\_\_\_% of the Taxable Wage Base under section 230 of the Social Security Act in effect as of the first day of the Plan Year rounded up to the next \$\_\_\_\_\_. (First blank not to exceed 100%, second blank not to exceed \$3,000.)
- r.9. \$\_\_\_\_\_.
- r.10. \_\_\_\_\_% of the Taxable Wage Base under the Social Security Act.

Integrated formulas

- s. \_\_\_\_\_% (base contribution percentage) of Compensation up to the Integration Level PLUS \_\_\_\_\_% (excess contribution percentage) of Compensation in excess of the Integration Level.
- t. Following the four steps of Plan Section 2.3.5, pro-rata over Compensation up to \_\_\_\_\_%; any remaining contribution allocated pro-rata over Compensation above the Integration Level up to the same percentage; any remaining contribution allocated over Compensation plus Compensation above the Integration Level, provided Code section 401(l) is satisfied; any remaining contribution allocated pro-rata over Compensation.
  - t.1. Limit disparity to \_\_\_\_\_% (Use when limiting disparity to less than the Maximum Permitted Disparity.)  
*Note: For plans that choose to automatically satisfy the Minimum Top-Heavy Allocation requirement, the blank should be completed with 3% for a single plan, or 5% if the Employer also sponsors a defined benefit plan that covers the same employees as this defined contribution plan. **Warning:** if you specify a percentage that is less than 3%, an additional contribution may be required for years when the Plan is Top-Heavy.*
- u. Pro-rata over Compensation plus Compensation above the Integration Level, provided Code section 401(l) is satisfied; any remaining contribution allocated pro-rata over Compensation.  
 If the Plan is Top-Heavy, the allocation formula:
  - u.1. Remains the same (Minimum Top-Heavy Allocation determined last)
  - u.2. Changes to the formula in option t. (Use Steps One through Four in Plan Section 2.3.5 only when Plan is Top-Heavy.)
- v. Pro-rata over Compensation plus Compensation over the Integration Level, disregarding the constraints of Code section 401(l).

Age and Service Schedules

- w. Age Based Allocation. Each eligible Participant shall receive an allocation of the Non-Elective Contribution based on the age of the Participant as shown in the table below: (Plans intending to provide a schedule that ""increases smoothly"" under Reg. 1.401(a)(4)-8 must enter percentages that increase, but not more than 5 percentage points or by a ratio of 2.) (Requires additional testing)
- w.1. Ages grouped in 10 year intervals:

<u>Attained Age</u>	<u>Percentage of Compensation</u>	<u>Attained Age</u>	<u>Percentage of Compensation</u>
Less than 25	_____ %	45 to 54	_____ %
25 to 34	_____ %	55 to 64	_____ %
35 to 44	_____ %	65 or older	_____ %

w.2. Ages grouped in 5 year intervals

<u>Attained Age</u>	<u>Percentage of Compensation</u>	<u>Attained Age</u>	<u>Percentage of Compensation</u>
Less than 25	_____ %	45 to 49	_____ %
25 to 29	_____ %	50 to 54	_____ %
30 to 34	_____ %	55 to 59	_____ %
35 to 39	_____ %	60 to 64	_____ %
40 to 44	_____ %	65 or older	_____ %

x. A percentage of Compensation based on Years of Credited Service as shown in the table below: (Plans intending to provide a schedule that "increases smoothly" under Reg. 1.401(a)(4)-8 must enter percentages that increase, but not more than 5 percentage points or by a ratio of 2.) (Requires additional testing)

x.1. Fifth year in second Credited Service range: (Also select one of x.1.A or x.1.B.)

<u>Years of Credited Service</u>	<u>Percentage of Compensation</u>
Less than 5	_____ %
5 to 9	_____ %
10 to 14	_____ %
15 to 19	_____ %
20 to 24	_____ %
<input type="checkbox"/> x.1.A 25 or more	_____ %
<input type="checkbox"/> x.1.B 25 to 29	_____ %
30 to 34	_____ %
35 or more	_____ %

x.2. Fifth year in first Credited Service range: (Also select one of x.2.A. or x.2.B.)

<u>Years of Credited Service</u>	<u>Percentage of Compensation</u>
0 to 5	_____ %
6 to 10	_____ %
11 to 15	_____ %
16 to 20	_____ %
21 to 25	_____ %
<input type="checkbox"/> x.2.A 26 or more	_____ %
<input type="checkbox"/> x.2.B 26 to 30	_____ %
31 to 35	_____ %
36 or more	_____ %

y. Allocate Non-Elective Contribution age range by age range until no unallocated contribution remains. (Plans intending to provide a schedule that "increases smoothly" under Reg. 1.401(a)(4)-8 must enter percentages such that the cumulative percentages increase, but not more than 5 percentage points or by a ratio of 2). THE PERCENTS ENTERED ARE THE INCREASE BETWEEN AGE RANGES, NOT THE CUMULATIVE PERCENT FOR THE RANGE (Requires additional testing)

y.1. Ages grouped in 10 year intervals:

<u>Attained Age</u>	<u>ADDITIONAL Maximum Percentage of Compensation</u>	<u>Attained Age</u>	<u>ADDITIONAL Maximum Percentage of Compensation</u>
Less than 25	_____ %	45 or older	_____ %
25 or older	_____ %	55 or older	_____ %
35 or older	_____ %	65 or older	_____ %

y.2. Ages grouped in 5 year intervals:

	ADDITIONAL Maximum Percentage of Compensation		ADDITIONAL Maximum Percentage of Compensation
<u>Attained Age</u>		<u>Attained Age</u>	
Less than 25	_____ %	45 or older	_____ %
25 or older	_____ %	50 or older	_____ %
30 or older	_____ %	55 or older	_____ %
35 or older	_____ %	60 or older	_____ %
40 or older	_____ %	65 or older	_____ %

z. Allocate Non-Elective Contribution Credited Service range by Credited Service range until no unallocated contribution remains. (Plans intending to provide a schedule that "increases smoothly" under Reg. 1.401(a)(4)-8 must enter percentages that increase such that the cumulative percentages increase, but not more than 5 percentage points or by a ratio of 2). THE PERCENTS ENTERED ARE THE INCREASE BETWEEN CREDITED SERVICE RANGES, NOT THE CUMULATIVE PERCENT FOR THE RANGE (Also select one of z.1. or z.2.) (Requires additional testing)

	ADDITIONAL Maximum Percentage of Compensation		ADDITIONAL Maximum Percentage of Compensation
<u>Years of Credited Service</u>			
Less than 5	_____ %		
5 or more	_____ %		
10 or more	_____ %		
15 or more	_____ %		
20 or more	_____ %		
<input type="checkbox"/> z.1. 25 or more	_____ %		
<input type="checkbox"/> z.1.B 25 or more	_____ %		
		30 or more	_____ %
		35 or more	_____ %

**D14. Allocation Method for Matching Contributions (Section 2.3.3)** - Matching Contributions, other than ADP Test / QACA Safe Harbor Contributions or QMACs, shall be allocated to eligible Participants in an amount:

a. Not applicable - No Matching Contributions.

Discretionary Formulas

*Note: For discretionary matching formulas, a Board Resolution / Action by the Employer declaring the percentage or dollar amount for Matching Contributions shall be prepared for each Plan Year not later than the time prescribed by law for filing the return for such applicable taxable year (including any extensions), and shall be maintained as part of the administrative records of the Plan.*

- b. Pro-rata on Elective Deferrals during the Plan Year.
- c. Based on a discretionary percentage, determined by the Employer in a nondiscriminatory manner, of each tier of a Participant's Elective Deferrals or flat dollar amount allocated on a uniform basis to all Participants, as determined by the Employer.
- d. Pro-rata on Elective Deferrals during the Plan Year by employee classification. (Must define the employee classification in D26. below.)
- e. Percent of Elective Deferrals declared each year by employee classification. (Must define the employee classification in D26. below.)

Nondiscretionary Formulas

- f. Equal to \_\_\_\_\_% of the Elective Deferrals made on behalf of a Participant.
- g. \_\_\_\_\_% of Elective Deferrals and \_\_\_\_\_% of Voluntary Employee Contributions.
- h. A percentage of Elective Deferrals based upon employee classification. (In the text area, add as many rows as necessary for employee classifications and must define the employee classification in D26. below.)

Employee Matching

<u>Classification</u>	<u>Percentage</u>
<b>A</b> _____	_____ %
<b>B</b> _____	_____ %
<b>C</b> _____	_____ %
<b>etc.</b>	

i. Graded based on a percentage of each Participant's Compensation contributed as an Elective Deferral as follows:

_____	% of the first	_____	% of Compensation deferred
_____	% of the next	_____	% of Compensation deferred
_____	% of the next	_____	% of Compensation deferred
_____	% of the next	_____	% of Compensation deferred
_____	% thereafter		

j. Graded based on the dollar amount of the Elective Deferral of each Participant as follows:

_____	% of the first	\$ _____	of Compensation deferred
_____	% of the next	\$ _____	of Compensation deferred
_____	% of the next	\$ _____	of Compensation deferred
_____	% of the next	\$ _____	of Compensation deferred
_____	thereafter		

k. Graded based on each Participant's Years of Credited Service as follows:

<u>Exceeding</u>		<u>Matching Percentage</u>	
___	years	_____	% plus
___	years	an additional _____	% plus
___	years	an additional _____	% plus
___	years	an additional _____	% plus
___	years	an additional _____	% plus
___	years	an additional _____	%

l. A percentage based on the percentage of Compensation deferred:

_____	% if less than _____	_____	% of Compensation deferred
_____	% if less than _____	_____	% of Compensation deferred
_____	% if less than _____	_____	% of Compensation deferred
_____	% if less than _____	_____	% of Compensation deferred
_____	% if defer more		

m. A percentage based on the dollar amount deferred:

_____	% if less than \$ _____	_____	of Compensation deferred
_____	% if less than \$ _____	_____	of Compensation deferred
_____	% if less than \$ _____	_____	of Compensation deferred
_____	% if less than \$ _____	_____	of Compensation deferred
_____	% if defer more		

n. Graded based on each Participant's Years of Credited Service as follows:

<u>Equal to Or</u>	<u>And Less Than</u>	<u>Matching</u>	
<u>More Than</u>		<u>Percentage</u>	
___	years	___	years _____ %
___	years	___	years _____ %
___	years	___	years _____ %
___	years	___	years _____ %
___	years	___	years _____ %
___	years	_____	%

**D15. Supplemental Discretionary Matching Contribution (Section 2.3.3)** - Shall be allocated to eligible Participants in an amount:

- a. Not applicable - No supplemental discretionary Matching Contribution.
- b. Proportionate to the Elective Deferrals made on behalf of a Participant.
- c. According to the method selected in D12.b. through D12.f. above.
- d. Pro-rata on Matching Contributions.
- e. Based on a discretionary percentage, determined by the Employer in a nondiscriminatory manner, of each tier of a Participant's Elective Deferrals or flat dollar amount allocated on a uniform basis to all Participants, as determined by the Employer.

**D16. Limitations on Matching Contributions (Section 2.3.3)** - The Matching Contributions allocated to a Participant's Account for a Plan Year may not exceed the limitations described below: (Select all applicable.)

- a. Not applicable - No Matching Contribution or no limit.
- b. The maximum Elective Deferral that is matched is:
  - b.1. \_\_\_\_\_% of Compensation per Plan Year (for Plans that allocate the Matching Contributions on an annual basis).
  - b.2. \_\_\_\_\_% of Compensation per payroll period (no True-up).
  - b.3. \_\_\_\_\_% of Compensation per Plan Year (True-up as provided under D23.).
  - b.4. \$\_\_\_\_\_.
- c. The maximum Matching Contribution for any Participant is:
  - c.1. \_\_\_\_\_% of Compensation per Plan Year (for Plans that allocate the Matching Contributions on an annual basis).
  - c.2. \_\_\_\_\_% of Compensation per payroll period (no True-up).
  - c.3. \_\_\_\_\_% of Compensation per Plan Year (True-up as provided under D23.).
  - c.4. \$\_\_\_\_\_.

**D17. Minimum Top-Heavy Allocation (Section 2.3.4)** - The Minimum Top-Heavy Allocation will be satisfied based on the following selections. (Must select a. or b. and must select e. or f. May also select c. or d.)

In the event the Plan is Top-Heavy the Employer will, if necessary,

- a. Make an additional contribution to meet the Top-Heavy requirements.
 

If formula D13.o. is selected above (flat dollar amount for each Participant in the class) the additional contribution is to:

    - a.1. Only the affected Participants.
    - a.2. All Participants in the affected class.
  - b. First satisfy the Minimum Top-Heavy Allocation and reallocate the remaining Employer Contribution.
- All Participants are eligible for the Minimum Top-Heavy Allocation, except (May select either, neither, or both of c. and d.)
- c. Key Employees.
  - d. Employees covered by a collectively bargained agreement.

Minimum Top-Heavy Allocation - For purposes of minimum top-heavy allocations, an allocation of contributions and forfeitures equal to the following percentage of each eligible Participant's Compensation will be made to the Employee's Account when the Plan is Top-Heavy: (Must select e. or f.)

- e. The lesser of 3% or the highest percentage allocated to any Key Employee.
- f. \_\_\_\_\_%. (Must be at least 3.)

**D18. Limits on Allocations of Non-Elective Contributions (Section 2.3.2)** - Other than the Minimum Top-Heavy Allocation and Maximum Permissible Annual Additions, the Plan imposes the following limits: (Select all applicable)

- a. No Plan imposed limits.
- b. The minimum allocation to any Participant eligible for an allocation of Non-Elective Contributions for a Plan Year is:
  - b.1. \$\_\_\_\_\_.
  - b.2. \_\_\_\_\_% of Compensation.
- c. The maximum allocation to any Participant eligible for an allocation of Non-Elective Contributions for a Plan Year is:
  - c.1. \$\_\_\_\_\_.
  - c.2. \_\_\_\_\_% of Compensation.

**D19. Prevailing Wage Contributions (Section 2.2.1(a)(4))** - This contribution shall be determined pursuant to the Davis Bacon Act or any other Federal, State, or Municipal prevailing wage law. All contributions must be 100% vested at all times, and shall be made and allocated on a timely basis as required by the various acts. No age or service requirement under this Plan shall apply to this contribution. (Select one.)

a. Not applicable. Prevailing Wage Contributions are not permitted.

Select b. or c. to indicate that this Plan will accept Prevailing Wage Contributions. In either case, for Participants receiving an allocation of Prevailing Wage Contributions who are **not** eligible for other Employer Contributions, the Prevailing Wage Contribution will be allocated to a Segregated Account, as determined by the prevailing wage schedule.

For Participants entitled to Prevailing Wage Contributions as well as an allocation of other Employer Contributions which are 100% vested when made, such as a QNEC or QMAC, the Prevailing Wage Contribution will:

- b. Supplement the other Employer Contributions.
- c. Reduce /offset the other Employer Contributions and any remaining Prevailing Wage Contribution shall be contributed to the Employer Contribution account.

*Note: If b. or c. is selected, you must attach the prevailing wage schedule to this Adoption Agreement and to the Summary Plan Description.*

**D20. Qualified Non-Elective (QNEC) and Qualified Matching (QMAC) Contributions (other than Prevailing Wage Contributions) (Sections 2.2.1(a)(3)(iii) and 2.3.3(d))** (Select all applicable.)

**Warning:** Using a QNEC to satisfy the ADP or ACP Test is prohibited if prior year testing is selected under F1.a. or F1.g. To use the QNEC in the ADP or ACP test, you must comply with Reg. 1.401(k)-2(a)(6)(iv) or Reg. 1.401(m)-2(a)(6)(v), respectively, which requires the QNEC to either be less than 5% of a Participant's Compensation or no more than twice a "representative contribution rate" determined by analyzing the QNECs / QMACs provided to all Non-Highly Compensated Employees.

**Warning:** To use the QMAC in the ADP or ACP test, you must comply with Reg. 1.401(k)-2(a)(6)(v) or Reg. 1.401(m)-2(a)(5)(ii), respectively, which require the matching rate to either be 100% or less or no more than twice a "representative matching rate" determined by analyzing the QMACs provided to all Non-Highly Compensated Employees.

**The requirement for the Employer to make a QNEC / QMAC is:** (Select one of a. through c. under each column.)

QNEC	QMAC	
<input type="checkbox"/>	<input type="checkbox"/>	a. This type of Employer Contributions is not permitted.
<input type="checkbox"/>	<input type="checkbox"/>	b. The Employer may make a QNEC / QMAC at its discretion.
<input type="checkbox"/>	<input type="checkbox"/>	c. The Employer will make a QNEC / QMAC to the extent necessary to satisfy the ADP / ACP test.

**The Participants eligible for a QNEC / QMAC are:** (Select one of d. or e. You may also select any of f. through j. that apply.)

QNEC	QMAC	
<input type="checkbox"/>	<input type="checkbox"/>	d. All Participants, as limited by the selections under f. through j., if any.
<input type="checkbox"/>	<input type="checkbox"/>	e. All Participants who are not Highly Compensated, as limited by the selections under f. through j., if any.
<input type="checkbox"/>	<input type="checkbox"/>	f. Participants who made Elective Deferrals during the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	g. Participants eligible to make Elective Deferrals during the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	h. Participants employed on the last day of the Plan Year.
<input type="checkbox"/>	N/A	i. Participants eligible to receive a Non-Elective Contribution for the Plan Year.
N/A	<input type="checkbox"/>	j. Participants eligible to receive a Matching Contribution during the Plan Year.

**QNECs / QMACs shall be allocated in the following manner:** (In each column, select one of k. through o.)

QNEC	QMAC	
<input type="checkbox"/>	<input type="checkbox"/>	k. In proportion to a Participant's Compensation.
N/A	<input type="checkbox"/>	l. As a uniform percentage of Elective Deferrals.
N/A	<input type="checkbox"/>	m. As a uniform percentage of Matching Contributions.
<input type="checkbox"/>	<input type="checkbox"/>	n. As a uniform dollar amount.
<input type="checkbox"/>	<input type="checkbox"/>	o. In the percentage or amount necessary to satisfy the ADP or ACP test, beginning with the lowest paid Non-Highly Compensated Employees.
		<i>Note: See "Warning" above. May be used with Prior Year testing method (F.1.a.) only if the contribution is made within the 12-month period following the last day of the Prior Year.</i>

**The Plan imposes the following limits on the allocation of QNECs / QMACs: (Select one of p. through r.)**

QNEC		QMAC			
<input type="checkbox"/>		<input type="checkbox"/>		p.	No Plan imposed limits.
<input type="checkbox"/>		<input type="checkbox"/>		q.	A maximum QNEC / QMAC of \$_____ per Plan Year allocated to a Participant.
\$	_____	\$	_____		Specify maximum amount, which cannot exceed 25% of Compensation.
<input type="checkbox"/>		<input type="checkbox"/>		r.	A maximum QNEC / QMAC of _____% of Compensation per Plan Year allocated to a Participant, which cannot exceed 25% of Compensation.
_____	%	_____	%		Specify maximum percentage, which cannot exceed 25% of Compensation.

**D21. Safe Harbor CODA Provisions (including QACA) (Section 2.9.1)**

*Note: Do not complete this item unless you have indicated in A1.a. that either ADP Test Safe Harbor Employer Contributions or Safe Harbor Employer Contributions under a QACA are currently permitted under the Plan.*

The Safe Harbor Employer Contributions shall be: (Select one of a., b., or c. Also complete d. and/or e. if applicable.)

- a. An ADP Test Safe Harbor Non-Elective Contribution, as provided under Code Sec. 401(k)(12)(C) and Reg. 1.401(k)-3(b), and the Safe Harbor Non-Elective Contribution to each eligible Participant will be in an amount equal to \_\_\_\_\_% of Compensation. (Must be 3% or more.)
- b. An ADP Test Safe Harbor Matching Contribution, as provided under Code Sec. 401(k)(12)(B) and Reg. 1.401(k)-3(c), and the Safe Harbor Matching Contribution will be: (Select one of b.1. through b.4.)
  - b.1. ADP Test Safe Harbor Basic Matching Contribution of 100% of the Elective Deferral that does not exceed 3% of Compensation, plus 50% of the Elective Deferral that exceeds 3% of Compensation but does not exceed 5% of Compensation.
  - b.2. ADP Test Safe Harbor Enhanced Matching Contribution equal to 150% of the first 3% of Compensation deferred.
  - b.3. ADP Test Safe Harbor Enhanced Matching Contribution equal to 100% of the first 4% of Compensation deferred.
  - b.4. ADP Test Safe Harbor Enhanced Matching Contribution equal to the sum of:
    - b.4.A. \_\_\_\_\_% (not less than 100%) of the Participant's Elective Deferrals that do not exceed \_\_\_\_\_% of Compensation (may not exceed 6%), plus
    - b.4.B. \_\_\_\_\_% of the Elective Deferrals that exceed \_\_\_\_\_% (enter the same value as entered as the second % under b.4.A.) of Compensation but do not exceed \_\_\_\_\_% (not greater than 6%) of Compensation.
 (This contribution will also satisfy the ACP Test Safe Harbor requirements. The rate of match cannot increase as the Elective Deferrals increase. The values that you enter under b.4. must ensure that, at any rate of Elective Deferrals, the Matching Contribution is at least equal to the Matching Contribution receivable if the Employer were making the Basic Matching Contribution of item b.1.)
  - b.5. Other ADP Test Safe Harbor Matching Contribution: \_\_\_\_\_
- c. Made under a Qualified Automatic Contribution Arrangement (QACA), as provided under Code Sec. 401(k)(13) and subject to the vesting schedule specified in E1.
  - c.1. QACA Safe Harbor Non-Elective Contribution to each eligible Participant in an amount equal to \_\_\_\_\_% of Compensation. (Must be 3% or more.)
  - c.2. QACA - Basic Matching Contribution of 100% of the Elective Deferral that does not exceed 1% of Compensation, plus 50% of the Elective Deferral that exceeds 1% of Compensation, but does not exceed 6% of Compensation.
  - c.3. QACA Safe Harbor Alternative Matching Contribution equal to the sum of:
    - c.3.A. \_\_\_\_\_% (not less than 100%) of the Participant's Elective Deferrals that do not exceed \_\_\_\_\_% of Compensation plus
    - c.3.B. \_\_\_\_\_% of the Elective Deferrals that exceed \_\_\_\_\_% (enter the same value as entered as the second % under c.3.A.) of Compensation but do not exceed \_\_\_\_\_% of Compensation.
 (This contribution will also satisfy the ACP Test Safe Harbor requirements. The rate of match cannot increase as the Elective Deferrals increase. The values that you enter under c.3. must ensure that, at any rate of Elective Deferrals, the Matching Contribution is at least equal to the Matching Contribution receivable if the Employer were making the Basic Matching Contribution of item c.2.)
  - c.4. Other QACA Safe Harbor Matching Contribution: \_\_\_\_\_



- d. If the Plan also provides for Matching Contributions under D9., in any Plan Year in which this Plan is designated as a QACA or ADP Test Safe Harbor CODA Plan under Part 2 Article IX:
  - d.1. Matching Contributions under D9. of the Adoption Agreement may be made. (Not Safe Harbor for ACP Test purposes; ACP Testing will be required.)
  - d.2. Matching Contributions under D9. of the Adoption Agreement shall not be made (Safe Harbor).
- e. The QACA or ADP Test Safe Harbor Non-Elective Contribution will be made to another plan of the Employer, \_\_\_\_\_ (Insert the name of the other defined contribution plan of Employer, or omit if the Safe Harbor Non-Elective Contribution will be made to this Plan.)

*Note: No additional contributions are required in order to satisfy the requirements for the ADP Safe Harbor. However, if the Employer wishes to make Matching Contributions that satisfy the ACP Test Safe Harbor requirements, then complete the following item D22.*

**D22. ACP Test Safe Harbor Contribution** - The Plan satisfies the requirements of the ADP Test Safe Harbor and the Employer elects to make the following additional ACP Test Safe Harbor Contribution:

- a. Not Applicable - Only the Safe Harbor Contribution of D21. will be made.
- b. The ACP Test Safe Harbor Contribution is satisfied by the Basic Matching Contribution or the Enhanced Matching Contribution of D21.
- c. An additional ACP Test Safe Harbor Matching Contribution will be made and will be provided to: (Must select one of c.1. through c.5. You may also select c.4.)
  - c.1. Each Participant who is eligible to make Elective Deferrals.
  - c.2. Each Participant eligible to make Elective Deferrals who is a Non-Highly Compensated Employee.
  - c.3. Each Participant eligible to make Elective Deferrals except Participants who are Highly Compensated and Key Employees.
  - c.4. However, Participants who have not completed a Year of Service since their original Employment Commencement Date, or have not yet reached age 21, and are not employed on the earlier of the first day of the next Plan Year after meeting the preceding requirements or 6 months after meeting the preceding requirements, will not receive the ACP Safe Harbor Contribution.
  - c.5. Other: \_\_\_\_\_

The additional ACP Test Safe Harbor Contribution is: (Select at least one of c.6. through c.9. Also, you may select c.8. in combination with c.6. or c.7.)

- c.6. \_\_\_\_\_% of the Elective Deferrals that do not exceed 6% of Compensation.
- c.7. \_\_\_\_\_% of the Elective Deferrals that do not exceed \_\_\_\_\_% of Compensation, plus \_\_\_\_\_% of the Elective Deferrals thereafter that do not exceed \_\_\_\_\_% of Compensation.  
(The number inserted in the third blank cannot exceed the number inserted in the first blank. The number in the fourth blank cannot exceed 6.)
- c.8. A discretionary percentage (determined by the Employer in a nondiscriminatory manner for the Plan Year) of the Elective Deferrals that do not exceed 6% of a Participant's Compensation, such that the allocation of the additional ACP Test Safe Harbor Contribution does not exceed 4% of a Participant's Compensation for the Plan Year.
- c.9. Other ACP Test Safe Harbor Matching Contribution: \_\_\_\_\_

**D23. Allocation Dates and True-Up for Employer Contributions (Sections 2.2.1, 2.3.2, 2.3.3, and 2.9.1)** - Employer Contributions (other than Prevailing Wage Contributions) will be allocated to Participant Accounts as indicated below. (Select one of a. through i. and one of j. through p. for each contribution type.)

Allocation Dates - Select one of a. through i. for each contribution type.

Non-Elective Contributions	Matching Contributions	Safe Harbor Contributions (QACA or ADP Test Safe Harbor)	ACP Test Safe Harbor Contributions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Not applicable - No Employer Contributions of the type indicated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Annually, the last day of the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. The Valuation Date elected in B2. coincident with or next following the date the contribution is made.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. The last day of the Compensation Computation Period selected in C3.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. The last day of each pay period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Quarterly, the last day of each Plan Year quarter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Quarterly, the last day of each calendar year quarter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Monthly, the last day of each calendar month.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Other - Specify.
_____	_____	_____	_____	Specify the other allocation date provisions. (Must be allocated at least annually.)

True-Up - Select one of j. through p. for each contribution type.

*Note: Safe Harbor Non-Elective Contributions must always be "trued-up" based on Compensation for the Plan Year. The options in column 3 apply to Safe Harbor Matching Contributions only.*

Non-Elective Contributions	Matching Contributions	Safe Harbor Matching Contributions (QACA, ADP Test, or ACP Test, Safe Harbor Matching Contributions)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. No True-up or Not applicable (no Employer Contributions of the type indicated).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. True-up to the current pay period for the Plan Year to date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. True-up at the end of the Plan Year.
<input type="checkbox"/>	<input type="checkbox"/>	N/A	m. True-up year-to-date at each Valuation Date as elected in B2.
<input type="checkbox"/>	<input type="checkbox"/>	N/A	n. True-up year-to-date at each Allocation Date as elected above in this item D23.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. True-up each plan-year quarter with respect to the Compensation and Elective Deferrals for that plan-year quarter. (No True-up at the end of the Plan Year.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. True-up each calendar month with respect to the Compensation and Elective Deferrals for that calendar month. (No True-up at the end of the Plan Year.)

**D24. 401(k) SIMPLE Provisions (Sections 2.8.1 and 2.8.4)**

*Note: Complete only if the Plan is a SIMPLE Plan, as indicated under A1.a. If so, select one.*

The Employer elects to have the 401(k) SIMPLE Provisions described in Article VIII apply to the Plan. (This option may be selected only if the Plan uses a calendar year Plan Year and the Employer is an Eligible Employer as defined in Section 2.8.2(b) of the Plan.)

- a. The Employer Contribution shall be a Matching Contribution equal to 100% of each Participant's Elective Deferral up to 3% of SIMPLE Compensation, as described in Section 2.8.4(a) of the Plan.
- b. In lieu of the Matching Contribution described in Section 2.8.4(a) of the Plan, the Employer shall make a Non-Elective Contribution described in Section 2.8.4(b) of the Plan, of 2% of SIMPLE Compensation, to be allocated to all Eligible Employees who received at least \$\_\_\_\_\_ [INSERT AN AMOUNT LESS THAN \$5,000] of SIMPLE Compensation for the Year.

**D25. Employee Classifications (Section 2.3.2)** - If the Plan allocates Non-Elective Contributions based on employee classifications, define the classifications below: (In the text area, add rows as needed to list all employee classifications. Each class must be clearly defined in a manner that satisfies 1.401-1(b)(1)(ii) of the Code.)

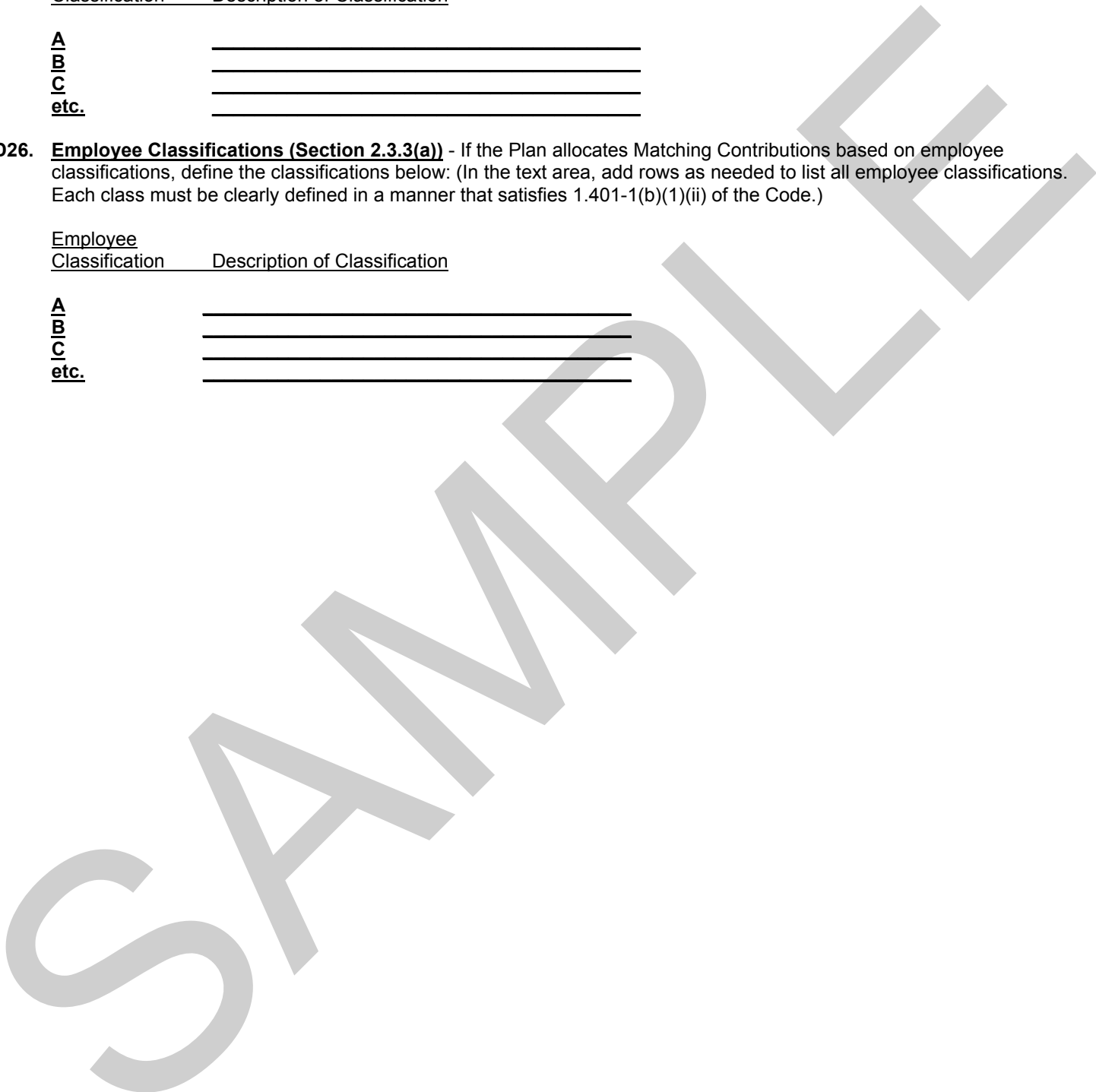
Employee  
Classification      Description of Classification

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
etc. \_\_\_\_\_

**D26. Employee Classifications (Section 2.3.3(a))** - If the Plan allocates Matching Contributions based on employee classifications, define the classifications below: (In the text area, add rows as needed to list all employee classifications. Each class must be clearly defined in a manner that satisfies 1.401-1(b)(1)(ii) of the Code.)

Employee  
Classification      Description of Classification

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
etc. \_\_\_\_\_



**E. Vesting Provisions**

**E1. Vesting Schedule (Section 2.4.1)** - Benefits will vest in accordance with the method specified in a. through e. below. (Select one in each column. All contributions made pursuant to the Prevailing Wage Contribution (D19.), QNEC / QMAC (D20.), the ADP Safe Harbor Contribution (D21.), and the SIMPLE (D24.) provisions shall be 100% vested and nonforfeitable at all times.)

Vesting Schedule for Years when the Plan is not Top-Heavy										
Non-Elective Contribution Account		Matching Contribution Account		ACP Test Safe Harbor Matching Account		QACA Safe Harbor Employer Account		Top-Heavy Vesting Schedule		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		N/A	a.	Not applicable - No Employer Contributions of the selected type.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			N/A	<input type="checkbox"/>	b.	At the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year).
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	c.	100% vesting after ___ Year(s) of Vesting Service.
—		—		—		—		—		Specify number of years. (not to exceed 3 years for Top-Heavy, Non-Elective, or Matching Accounts, or 2 years for QACA Accounts).
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	d.	100% vesting upon participation.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	e.	Other: (Optional vesting schedule must be at least as favorable as c. with 2 years for QACA Safe Harbor Contribution, or b. for all others)
Enter the percentage for each service range:										
_____	%	_____	%	_____	%	_____	%	_____	%	Less than 1 Year of Vesting Service
_____	%	_____	%	_____	%	_____	%	_____	%	1 but less than 2
_____	%	_____	%	_____	%	100%	%	_____	%	2 but less than 3
_____	%	_____	%	_____	%	100%	%	_____	%	3 but less than 4
_____	%	_____	%	_____	%	100%	%	_____	%	4 but less than 5
_____	%	_____	%	_____	%	100%	%	_____	%	5 but less than 6
100%		100%		100%		100%		100%		6 or more

**Vesting at attainment of Early Retirement Age, death, or Disability while employed.** (Select all that apply among the f. sub-options and g. However, you may not select both f.3. and g. in the same column.)

Vesting Schedule for Years when the Plan is not Top-Heavy										
Non-Elective Contribution Account		Matching Contribution Account		ACP Test Safe Harbor Matching Account		QACA Safe Harbor Employer Account		Top-Heavy Vesting Schedule		
									f.	100% vesting if any of the selected events occur while a Participant is employed by the Employer.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	f.1	Early Retirement Age.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	f.2	Death.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	f.3	Disability.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	g.	A Disabled Participant continues to earn Vesting Service as though he was still employed.

**E2. Prior Vesting Schedule** - Complete the following if a prior vesting schedule continues to apply to Participants' Accounts. This prior vesting schedule may be more generous than that described in E1. and the Plan is subject to the limitations of Section 3.8.3(b). Or, the prior vesting schedule may be less generous, and continues to apply to contributions prior to the date specified under E2.a.2.

Non-Elective Contribution Account		Matching Contribution Account		
<input type="checkbox"/>	__/__/__	<input type="checkbox"/>	__/__/__	a A prior vesting schedule applies to the selected Account. Enter the date this prior vesting schedule was amended.
<input type="checkbox"/>		<input type="checkbox"/>		a.1. The prior vesting schedule is more generous than the vesting schedule of E1.
<input type="checkbox"/>	__/__/__	<input type="checkbox"/>	__/__/__	a.2. The prior vesting schedule is less generous than the vesting schedule of E1. and continues to apply to contributions made prior to the specified date.
				b Enter the vested percentage for each service range under the prior schedule.
_____	%	_____	%	Less than 1 Year of Vesting Service
_____	%	_____	%	1 but less than 2
_____	%	_____	%	2 but less than 3
_____	%	_____	%	3 but less than 4
_____	%	_____	%	4 but less than 5
_____	%	_____	%	5 but less than 6
_____	%	_____	%	6 but less than 7
100%		100%		7 or more

**E3. Transferred Assets Vesting Schedule (Section 3.9.3(b))** - For transfers occurring after December 31, 2007, complete the following only if the other plan's vesting schedule provides greater vesting than the vesting schedule listed above.

- a. Non-Elective Contribution Account - a different vesting schedule applies to assets that were transferred from another plan's accounts into this Plan's Non-Elective Contribution Account.
  - a.1. Name of the plan from which assets were transferred: \_\_\_\_\_
  - a.2. Name of the source account from which assets were transferred (e.g. Profit Sharing): \_\_\_\_\_
- b. Matching Contribution Account - a different vesting schedule applies to assets that were transferred from another plan's accounts into this Plan's Matching Contribution Account.
  - b.1. Name of the plan from which assets were transferred: \_\_\_\_\_
  - b.2. Name of the source account from which assets were transferred: \_\_\_\_\_

Non-Elective Contribution Account		Matching Contribution Account		c.	Enter the vested percentage for each service range under the transferred assets vesting schedule.
_____	%	_____	%		Less than 1 Year of Vesting Service
_____	%	_____	%		1 but less than 2
_____	%	_____	%		2 but less than 3
_____	%	_____	%		3 but less than 4
_____	%	_____	%		4 but less than 5
_____	%	_____	%		5 but less than 6
100%		100%			6 or more

**E4. Reemployment (Section 2.4.3)** - Years of Vesting Service completed after a Break in Service are not counted for purposes of increasing the vested percentage attributable to service before the Break in Service unless reemployed within 5 years, or as otherwise indicated below.

- a. Plan provision described above (5-year break rule).
- b. Count all service after the Break in Service for purposes of increasing the vested percentage attributable to service before the Break in Service.
- c. Not applicable - 100% immediate vesting or no Employer Contributions.

**Omit the rest of this section E ONLY if ALL Accounts are 100% vested at participation and there are no Matching Contributions subject to Forfeiture pursuant to Section 2.7.9.**

**E5. Forfeitures (Section 2.4.4)** - When a Participant terminates, the nonvested portion of his Accounts is treated as a Forfeiture, as indicated below. (Select all applicable.)

- a. No Forfeitures shall occur if the Participant is entitled to an allocation of Forfeitures. In this case, the Forfeiture will occur and be applied as of the first date indicated in item E6. for which the Participant is not entitled to an allocation of Forfeitures.

The Forfeiture is determined as of the: (Must select one of b. through e. May select e. along with b. or c., in which case the Forfeiture is determined as of the earlier of the two dates.)

- b. Last day of the Plan Year in which the distribution occurs.
- c. Valuation Date coincident with or next following the Distribution Determination Date.
- d. As of the last day of the Plan Year in which the \_\_\_\_\_ Break in Service occurs.
- e. Later of the last day of the Plan Year in which the distribution occurs, or the last day of the Plan Year of the \_\_\_\_\_ Break in Service.

If Forfeitures are determined based on distributions, Forfeitures occur: (Must select f. or g., if option b., c., or e. is selected.)

- f. Only when the entire vested interest (the final payment) is distributed.
- g. Pro-rata as the vested interest is distributed.

Deemed distributions to nonvested Participants occur as of:

- h. The date of termination.
- i. The last day of the Plan Year in which the Participant terminates employment.
- j. The Valuation Date next following the Participant's date of termination.
- k. The last day of the Plan Year following the Plan Year in which the Participant terminates employment.
- l. Other: \_\_\_\_\_, however, no earlier than the date of termination and not later than the last day of the Plan Year of the 5th consecutive Break in Service.

**E6. Application of Forfeitures** (Select all applicable. Must select a., or at least one of d. or e., but cannot select both d. and e. in the same column. If both d. and e. are selected (in different columns), the reduction option will apply before the supplement option.)

*Note: If c. is not selected, then any restoration of Forfeitures will be accomplished by an additional Employer Contribution specifically allocated to the Participant's Account.*

*Note: Plans that provide for Matching Contributions subject to Forfeiture under Section 2.7.9 should select one or more of b., c., or d., even if Matching Contributions are immediately 100% vested.*

Non-Elective Contribution Account, including QACA Non-Elective	Matching Contribution Account, including QACA Matching	
<input type="checkbox"/>	<input type="checkbox"/>	a. Not applicable, 100% immediate vesting or the Plan does not permit the selected type of Employer Contributions.
<input type="checkbox"/>	<input type="checkbox"/>	b. Reduce administrative expenses of the Plan.
<input type="checkbox"/>	<input type="checkbox"/>	c. Restore forfeited account balances of rehires who are eligible for a restoration of Forfeitures. If that allocation is insufficient, the Employer shall make an additional contribution specifically allocated to the Participant's Account.
<input type="checkbox"/>	<input type="checkbox"/>	d. Reduce Employer Contributions, in a nondiscriminatory manner at the discretion of the Plan Administrator.
<input type="checkbox"/>	<input type="checkbox"/>	e. Supplement Employer Contributions, in a nondiscriminatory manner at the discretion of the Plan Administrator.

Forfeitures shall be applied as of:

- f. Each Valuation Date.
- g. Each Anniversary Date.
- h. Each allocation date for Non-Elective Contributions.
- i. Each allocation date for Matching Contributions.
- j. Each allocation date for Non-Elective Contributions and Matching Contributions.

Forfeitures to be applied were determined:

- k. During the Plan Year.
- l. Since the prior Valuation Date.
- m. For the period before the prior Valuation Date.
- n. Since the prior allocation date.
- o. For the period before the prior allocation date.

**E7. Requirement to Share in Allocation of Forfeitures** - In order to share in the allocation of Forfeitures that supplement rather than reduce Employer Contributions, a Participant:

Non-Elective Contribution Account, including QACA Non-Elective	Matching Contribution Account, including QACA Matching		
<input type="checkbox"/>	<input type="checkbox"/>	a.	Not applicable, 100% immediate vesting, or the Plan does not permit the selected type of Employer Contributions, or Forfeitures do not supplement Employer Contributions.
<input type="checkbox"/>	<input type="checkbox"/>	b.	Must be eligible to receive an allocation of the respective type of contribution.
<input type="checkbox"/>	<input type="checkbox"/>	c.	All Participants are eligible to receive an allocation of Forfeitures. (May require testing.)
<input type="checkbox"/>	<input type="checkbox"/>	d.	Must be a Participant and employed on the date the Forfeiture is determined per E5., above. (May require testing.)
<input type="checkbox"/>	<input type="checkbox"/>	e.	Must be a Participant and employed on the date the Forfeiture is applied per E6., above.
			If d. or e. is selected, Participants are also eligible in the Plan Year of death, retirement, or Disability, as indicated below. (Select all applicable.)
<input type="checkbox"/>	<input type="checkbox"/>	f.	In the Plan Year of death.
<input type="checkbox"/>	<input type="checkbox"/>	g.	In the Plan Year of retirement.
<input type="checkbox"/>	<input type="checkbox"/>	h.	In the Plan Year of Disability.

**E8. Allocation of Forfeitures (Section 2.4.4)** - Forfeitures are allocated: (Omit unless Forfeitures are allocated to Participants (item E6.e.))

Non-Elective Contribution Account, including QACA Non-Elective	Matching Contribution Account, including QACA Matching		
<input type="checkbox"/>	<input type="checkbox"/>	a.	In the same manner as the respective Employer Contribution for the Plan Year. (Must select a. in the first column (Non-Elective), if Plan uses permitted disparity in the allocation formula for Non-Elective Contributions.)
<input type="checkbox"/>	<input type="checkbox"/>	b.	In proportion to each Participant's Compensation for the Plan Year.
<input type="checkbox"/>	N/A	c.	In proportion to each Participant's Compensation for the Compensation Computation Period.
N/A	<input type="checkbox"/>	d.	In proportion to Matching Contributions for the Plan Year.
N/A	<input type="checkbox"/>	e.	In proportion to Elective Deferrals for the Plan Year.
N/A	<input type="checkbox"/>	f.	In the same manner as Non-Elective Contributions.
<input type="checkbox"/>	<input type="checkbox"/>	g.	As a flat dollar amount determined by dividing the Forfeiture amount by the number of Participants eligible to receive an allocation of Forfeitures.
N/A	<input type="checkbox"/>	h.	In proportion to Matching Contributions for the Compensation Computation Period.
N/A	<input type="checkbox"/>	i.	In proportion to Elective Deferrals for the Compensation Computation Period.

## F. CODA Limitation Provisions

- F1. **ADP and ACP Tests (Sections 2.7.1 and 2.7.2)** - Unless the Plan is a Safe Harbor 401(k) Plan, the Plan must pass the ADP and ACP Test on an annual basis.

*Note: The same testing method must be used for both the Actual Deferral Percentage (ADP) Test and the Actual Contribution Percentage (ACP) Test UNLESS the Plan prohibits: (1) use of Elective Deferrals in the ACP Test (see Item F1.j.3.), (2) Recharacterization of Excess Contributions (see Item F3.a.), and (3) use of Qualified Matching Contributions in the ADP Test (see Item F1.e.3.) (Section 2.7.4).*

### ADP Test - Elective Deferrals

The method used in determining the ADP Test is: (Select all applicable.)

- a. Prior Year Testing. If this is not a successor plan, for the first Plan Year that this Plan permits any Participant to make Elective Deferrals, the ADP for NHCEs shall be:
- a.1. 3%.
  - a.2. The ADP for NHCEs for the Current Year.
- b. Current Year Testing. (See Section 2.7.1(b) for rules to change this election.)

The ADP Test includes Elective Deferrals and: (Select c., or one each from the d. and e. options.)

- c. No other contributions are included.
- d. Qualified Non-Elective Contributions (QNECs).

*Warning: Prevailing Wage Contributions that are treated as QNECs and used to pass the ADP Test are limited to 10% of Compensation.*

- d.1. All QNECs.
- d.2. Only those QNECs needed to pass the ADP Test.
- d.3. QNECs are not to be included in the ADP test.

e. Qualified Matching Contributions (QMACs).

- e.1. All QMACs.
- e.2. Only those QMACs needed to pass the ADP Test.
- e.3. QMACs are not to be included in the ADP test.

### ACP Test - Matching and Voluntary Employee Contributions

The method used in determining the ACP Test is: (Select all applicable.)

- f. Not applicable. The Plan does not permit Matching and Voluntary Employee Contributions.
- g. Prior Year Testing. If this is not a successor plan, for the first Plan Year that this Plan allows Matching Contributions, the ACP for NHCEs shall be:
- g.1. 3%.
  - g.2. The ACP for NHCEs for the Current Year.
- h. Current Year Testing. (See Section 2.7.2(b) for rules to change this election.)

The ACP Test includes Matching and Voluntary Employee Contributions and: (Select i., or one each from the j., k., and l. options.)

- i. No other contributions are included.
- j. Elective Deferrals
- j.1. All such Elective Deferrals.
  - j.2. Only those Elective Deferrals that are needed to pass the ACP test.
  - j.3. Elective Deferrals are not to be included in the ACP test.

k. Qualified Non-Elective Contributions (QNECs)

*Warning: Prevailing Wage Contributions that are treated as QNECs and used to pass the ACP Test are limited to 10% of Compensation.*

- k.1. All such QNECs.
- k.2. Only those QNECs that are needed to pass the ACP test.
- k.3. QNECs are not to be included in the ACP test.



I. Qualified Matching Contributions (QMACs)

- I.1. All such QMACs.
- I.2. Only those QMACs that are needed to pass the ACP test.
- I.3. QMACs are not to be included in the ACP test.

**F2. Excess Aggregate Contributions (Section 2.7.7) - Vested Excess Aggregate Contributions shall be distributed to the Participant. Forfeitures of Excess Aggregate Contributions (Matching Contributions) shall be:**

- a. Applied to reduce Employer Contributions (i.e., Non-Elective, QNEC, QMAC, Matching).
- b. Allocated, after all other Forfeitures under the Plan, to each Participant's Matching Contribution Account in the ratio that each Participant's Compensation for the Plan Year bears to the total Compensation of all Participants for the Plan Year. Such Forfeitures will not be allocated to the Account of any Highly Compensated Employee.

**F3. Recharacterization of Excess Contributions (Section 2.7.6) - In the event all Participants are eligible to make Voluntary Employee Contributions, the Employer may permit the recharacterization of Excess Contributions as Voluntary Employee Contributions (after-tax).**

- a. Distribute all Excess Contributions.
- b. Recharacterize all Excess Contributions.
- c. Distribute or recharacterize Excess Contributions, as chosen by the Participant.

**G. Distribution Provisions****G1. Forms of Distribution (Section 2.5.2) - (Select all applicable.)**

*Note: No spousal consent shall be required for a distribution if the only forms of distribution available or elected are lump sum distribution, partial distribution, or installments. If an annuity option of life or longer is selected, Qualified Joint and Survivor Annuity provisions apply.*

- a. Lump sum distribution
- a.1. without regard to amount.
- a.2. not to exceed \$\_\_\_\_\_.
- a.3. if the Participant has completed \_\_\_ Years of Service and has attained age \_\_\_\_.
- b. Partial non-periodic distribution. Ad hoc distributions at the times and in the amounts requested by the Participant or Beneficiary,
- b.1. without regard to amount.
- b.2. with the amount of any distribution to be at least \$\_\_\_\_\_ (\$200 or less) or the total remaining distributable benefit, if less.
- c. Installment payments paid:
- c.1. over \_\_\_\_\_ years payable on an annual, quarterly, or monthly basis.
- c.2. over a period of years selected by the Participant that is less than the life of the Participant payable on an annual, quarterly, or monthly basis.
- c.3. Other: \_\_\_\_\_ *Note: This option is not considered a modification to the pre-approved plan.*
- d. Annuities
- d.1. for not more than \_\_\_ years.
- d.2. for the life of (Select all that apply.)
- d.2.A. the Participant.
- d.2.B. the Participant and spouse.
- d.2.C. the Participant and a Designated Beneficiary. (Must also complete G4.)
- d.3. for a certain period of: (Select all that apply.)
- d.3.A. 5 years.
- d.3.B. 10 years.
- d.3.C. 15 years.
- d.3.D. 20 years.
- and thereafter for the life of: (Select all that apply.)
- d.3.E. the Participant.
- d.3.F. the Participant and spouse.
- d.3.G. the Participant and a Designated Beneficiary. (Must also complete G4.)
- d.4. for a period certain selected by the Participant that is less than the life expectancy of (Select all that apply.)
- d.4.A. the Participant.
- d.4.B. the Participant and spouse.
- d.4.C. the Participant and a Designated Beneficiary.
- d.5. Other: \_\_\_\_\_ **MAY ONLY ENTER AN ANNUITY OR AN ANNUITY COMBINED WITH A LUMP SUM.** *Note: This option is not considered a modification to the pre-approved plan.*
- e. Minimum distributable amount to nonvested Participants (Section 2.5.1(c)) - The Plan will provide the lesser of the account balance or \$\_\_\_\_\_ (amount cannot exceed \$100) to a Participant with no vested balance.

**Direct and Participant Rollovers from the Plan**

- f. Direct Rollovers by non-spouse beneficiary to an inherited IRA were permitted for distributions after \_\_\_/\_\_\_/\_\_\_\_. (Enter a date on or after December 31, 2006 and prior to January 1, 2008 to indicate early adoption of this provision which is required for distributions after December 31, 2007. 2009 Interim Amendment item 3.)
- g. The Plan permits or permitted after-tax contributions and Direct and/or Participant rollover of after-tax amounts to a 403(b) annuity contract are permitted effective \_\_\_/\_\_\_/\_\_\_\_. (Effective date January 1, 2007 or later. 2009 Interim Amendment item 2.) The Plan permits:
  - g.1. Direct rollovers of after-tax amounts to a 403(b) annuity contract.
  - g.2. Participant rollovers of after-tax amounts to a 403(b) annuity contract.

**G2. Mandatory Cash Out and Automatic Direct Rollover Provisions (Sections 2.5.3(c) and 2.5.3(d)) - Select one of a. or b, and complete d. If b. is selected, may also select c.)**

- a. No mandatory cash out.
- b. The mandatory cash out threshold shall be \$\_\_\_\_\_ (less than or equal to \$5,000).

The distribution will occur:

- b.1. As soon as administratively feasible.
- b.2. As soon as administratively feasible after the next Valuation Date.
- b.3. As soon as administratively feasible after the last day of the Plan Year.

*(Warning: Exclusion of rollovers could trigger automatic rollover provisions if the Participant's total balance exceeds \$1,000.)*

- c. Exclude Rollover Account when determining the value of the Participant's nonforfeitable Account balance for purposes of the Plan's involuntary cash out rules. This election shall apply with respect to distributions made after \_\_\_/\_\_\_/\_\_\_\_ (Enter a date no earlier than December 31, 2001.), and with respect to Participants who separated from service after \_\_\_/\_\_\_/\_\_\_\_ (Enter date. The date may be earlier than December 31, 2001.)
- d. Automatic Rollover. Subject to Section 2.5.3(d), the default form of distribution for Eligible Rollover Distributions that are greater than \$\_\_\_\_\_ shall be a Direct Rollover. (Must be \$1,000 or less.)

**G3. Qualified Survivor Annuity Percentages and One Year Marriage Rule (Section 2.5.6) - If a life annuity option is selected above (G1.d.2.A., G1.d.2.B., G1.d.3.E., or G1.d.3.F.), a Qualified Joint and Survivor Annuity must be provided for a married Participant and the Participant's Spouse. (If applicable, select one of a. through f. and select one of g. or h.)**

*Note: In addition to the percentage selected for the Qualified Joint and Survivor Annuity, a Participant must be permitted to elect an optional form of annuity. If the selected Qualified Joint and Survivor Annuity percentage is less than 75%, the Qualified Optional Survivor Annuity will be 75%. If the selected percentage is 75% or more, the Qualified Optional Survivor Annuity will be 50%.*

- a. 50%.
- b. 66.67%.
- c. 75%.
- d. 100%.
- e. \_\_\_\_\_% (Specify the percentage. May not be less than 50% or greater than 100%.)
- f. Other percentage selected by the Participant which is not less than 50% nor more than 100%.

**"One Year Marriage Rule" - (Section 2.5.6(d))**

- g. Apply the "one year marriage rule".
- h. The "one year marriage rule" does not apply.

**G4. Designated Beneficiary Survivor Annuity Percentages (Section 2.5.6)** - If a joint and survivor annuity option for a Designated (non-spouse) Beneficiary is selected above (G1.d.2.C. and/or G1.d.3.G.), select the survivor annuity percentage(s) that a Participant may elect for the survivor's annuity payments. (Select a. or all applicable from b. through g.)

- a. Same as the Qualified Joint and Survivor percentage selected in G3.
- b. 50%.
- c. 66.67%.
- d. 75%.
- e. 100%.
- f. \_\_\_\_\_% (Specify the percentage. May not be less than 50% or greater than 100%.)
- g. Other percentage selected by the Participant which is not less than 50% nor more than 100%.

**G5. Distributable Event due to Disability** - A distributable event due to Disability occurs:

- a. Termination Date. (Distributable event occurs upon the Participant's termination of employment.)
- b. The Participant's actual date of Disability, as determined by the Plan Administrator.
- c. \_\_\_ months after the Participant's actual date of Disability, as determined by the Plan Administrator.
- d. The date the Plan Administrator determines the Participant to be Disabled.

**G6. Distribution Determination Date (Section 2.5.1(d))** - For distribution purposes due to a distributable event, the value of a Participant's vested account balance shall be determined as of: (Select one under each column.)

- \* Column 1 establishes the Distribution Determination Date upon termination of employment for reasons other than death, Disability, or retirement, for all Accounts other than those specified under column 3 (Elective, Voluntary, Deductible Voluntary, and Rollover).
- \* Column 2 establishes the Distribution Determination Date for a distributable event due to death, Disability, or retirement, for all Accounts other than those specified under column 3.
- \* Column 3 establishes the Distribution Determination Date for Elective, Voluntary, Deductible Voluntary, and Rollover Accounts, for any distributable event.

*Note: The value of investments in Accounts valued on a daily basis is always determined on the date of distribution.*

Termination For Reasons Other than Death, Disability, or Retirement		Death, Disability, or Retirement		Elective, Voluntary, Deductible Voluntary, and Rollover Accounts			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.	The last day of the Plan Year coinciding with or next following the date of the distributable event.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.	The Valuation Date coinciding with or next following the date of the distributable event.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c.	The Valuation Date coinciding with or immediately preceding the date of the distributable event.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d.	As soon as administratively feasible following the date of the distributable event, based on the preceding Valuation Date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.	The indicated date following ___ consecutive Breaks in Service. (Select one of e.1., e.2., or e.3. and complete e.4.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.1.	Valuation Date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.2.	Anniversary Date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.3.	Other Date. (Specify in the text box. e.g. "Last Day of the Plan Year.")
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e.4.	Number of Breaks in Service.
<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A	f.	The Valuation Date preceding the Participant's Normal or Early Retirement Date.

- G7. Time of Distribution (Sections 2.5.1 and 2.5.4)** - For distributions other than mandatory cash out distributions, the distribution shall be made as indicated below: (See G2. for mandatory cash out selections.)

Distributions to Participants who resign or are discharged for reasons other than death, Disability, or retirement shall be:

- a. Made within a reasonable period following the Distribution Determination Date.  
 b. Made within a reasonable period following the Anniversary Date.  
 c. Deferred until the Participant's Normal or Early Retirement Date.

Distributions to Participants who have a distributable event due to death, Disability, or retirement shall be:

- d. Made within a reasonable period following the Distribution Determination Date.  
 e. Made within a reasonable period following the Anniversary Date.

Restriction on Immediate Distributions - Immediate distributions are only permitted if the Participant's vested account balance is less than:

- f. No Restriction.  
 g. \$\_\_\_\_\_.

- G8. Permissible Withdrawals under an EACA (Section 2.2.3(b)(7))** - If the Plan contains Eligible Automatic Contribution Arrangement features, the Plan may permit a Permissible Withdrawal of Elective Deferrals made through a default election, as elected below. (Select one.)

- a. Not applicable, the Plan does not contain EACA features, or Permissible Withdrawals are not permitted.  
 b. The Plan permits a Permissible Withdrawal of Elective Deferrals made through a default election, within 90 days of the first automatic contribution under an Eligible Automatic Contribution Arrangement.  
 c. The Plan permits a Permissible Withdrawal, however the election period for requesting a Permissible Withdrawal shall be limited to \_\_\_ days (at least 30 and no more than 90 days).

- G9. In-service Distributions (Section 2.5.12)** - For reasons other than hardship, in-service distributions are permitted as specified below. (See item G10 for hardship withdrawals and in-service distributions due to hardship.)

**Warning:** *In-service distributions are a protected benefit. If the Plan was in existence before the adoption of this Adoption Agreement, the selections under this item should be the same as, or more liberal than, the selections previously made, to avoid a cutback in protected benefits and to have uniform provisions apply to all Participants. However, if the Employer chooses to amend the in-service distribution provisions to make the provisions more restrictive, such an amendment will only apply to Eligible Employees hired on or after the effective date of such amendment. Further, the effective date of such an amendment to the in-service distribution provisions can be no earlier than the adoption date of the amendment.*

- a. Amendment to in-service distribution provisions. (Select one of a.1. through a.3.)
- a.1. Not Applicable - New Plan or the selections below are identical to those previously made.  
 a.2. The selections below reflect an amendment to in-service distribution provisions, and these selections are a liberalization (e.g. reduction in age requirement, availability of more Accounts), that will be effective as of the Effective Date of this Adoption Agreement and will apply to all Participants.  
 a.3. The selections below reflect an amendment to the in-service distribution provisions, and these selections are more restrictive (e.g. imposition of limitations on the number of in-service distributions during a Plan Year). These in-service distribution provisions will apply only to Eligible Employees hired on or after the effective date for the in-service distribution provisions selected below. The effective date for these provisions is the later of the Adoption Date of this Adoption Agreement or \_\_\_/\_\_\_/\_\_\_ (specify date that is on or after the Adoption Date).  
*Note: If a.3. is selected, you must also specify the in-service distribution provisions under the prior plan, on the SPD screen.*
- b. Availability of in-service distributions. (Select one of b.1. through b.4. If b.2., b.3., or b.4. is selected, complete the remainder of this item G9.)
- b.1. No in-service distributions are permitted.  
 b.2. In-service distributions are permitted only as a distribution from the Plan. In-Plan Roth conversion is not permitted.  
 b.3. In-service distributions are permitted solely for In-Plan Roth conversion purposes. This provision may be selected only when the Plan has not previously permitted in-service distributions.  
 b.4. In-service distributions are permitted for either In-Plan Roth conversion purposes or as a distribution from the Plan.  
 b.5. Effective date of In-Plan Roth conversion provision: \_\_\_/\_\_\_/\_\_\_ (If b.3. or b.4. is selected, enter the effective date which may be no earlier than September 27, 2010.)

In-service distributions from Elective Deferrals and Accounts subject to age 59 1/2 restrictions

- c. In-service distributions are permitted from the following Accounts, if the Participant has attained age 59 1/2 and satisfied any additional requirements indicated under item d.:
- c.1. Pre-tax Elective Deferrals.
  - c.2. Roth Deferrals.
  - c.3. ADP Test Safe Harbor Contributions.
  - c.4. Qualified Non-Elective Contributions.
  - c.5. Qualified Matching Contributions and Matching Contributions used in ADP Test.
  - c.6. QACA Safe Harbor Contributions.
- d. The following requirements must be satisfied to receive an in-service distribution from the Accounts selected in c.: (Select at least one of d.1. through d.4.)
- d.1. Age 59 1/2 (Plan Provision).
  - d.2. Attainment of Normal Retirement Age, but no earlier than age 59 1/2.
  - d.3. Attainment of Early Retirement Age, but no earlier than age 59 1/2.
  - d.4. Age \_\_\_\_ (must be at least 59 1/2).

The Employer may choose to impose requirements in addition to an age requirement. (Select one of the following if, in addition to attaining the specified age, the Participant must also satisfy a participation and/or or years allocated requirement.)

- d.5. Amounts have been allocated for \_\_\_\_ years. (Must be at least 2.)
- d.6. Require participation for at least \_\_\_\_ years. (Must be at least 5.)
- d.7. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **AND** require participation for at least \_\_\_\_ years (must be at least 5).
- d.8. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **OR** require participation for at least \_\_\_\_ years (must be at least 5).

The Employer may choose to permit distributions from the Accounts indicated under c, as a "deemed severance distribution," for Participants on active duty for 30 days performing Qualified Military Service.

- d.9. Permit deemed severance distributions for Participants on active duty for 30 days performing Qualified Military Service.

*Note: The age 59 1/2 requirement and any other requirements selected under d.1. through d.8. do not apply to a deemed severance distribution. However, upon receipt of a deemed severance distribution, the Participant must be suspended for a period of 6 months from making Elective Deferrals or employee contributions to the Plan.*

In-service distributions from Non-Elective Contributions, Matching Contributions and ACP Test Safe Harbor Matching Contributions Accounts (Includes Prevailing Wage and Top-Heavy Minimum Contributions, but excludes all Employer Contributions subject to age 59 1/2 restrictions.) (See item G10. for in-service distributions due to hardship.)

- e. In-service distributions are permitted from the following Employer Contribution Accounts, if the Participant has satisfied the requirements indicated under item f.: (Select all that apply.)
- e.1. Non-Elective Contributions.
  - e.2. Matching Contributions.
  - e.3. ACP Test Safe Harbor Matching Contributions.
- f. Specify the requirements to be satisfied to receive an in-service distribution from the Employer Contribution Accounts indicated under e.: (Select all that apply.)

Retirement Age

- f.1. Attainment of Normal Retirement Age.
- f.2. Attainment of Early Retirement Age.

Other requirements (Complete all that apply.)

- f.3. Attainment of age \_\_\_\_.

If requirements under f.4. through f.8. apply, then the Participant must attain the indicated age:

- f.3.A. **AND** meet the requirements indicated below.  
 f.3.B. **OR** meet the requirements indicated below.

- f.4. Amounts have been allocated for \_\_\_\_ years. (Must be at least 2.)  
 f.5. Require participation for at least \_\_\_\_ years. (Must be at least 5.)  
 f.6. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **AND** require participation for at least \_\_\_\_ years (must be at least 5).  
 f.7. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **OR** require participation for at least \_\_\_\_ years (must be at least 5).  
 f.8. Vesting - Must be fully (100%) vested in all Plan Accounts to receive an in-service distribution. If additional requirements apply, as selected in f.3. through f.7., the Participant must satisfy those requirements as well as being 100% vested.

- g. Deemed severance distributions are also permitted from the Accounts indicated under e., for Participants on active duty for 30 days performing Qualified Military Service. The requirements selected under f. do not apply to a distribution due to deemed severance.

In-service distributions from Rollover Accounts, In-Plan Roth Rollover (conversion) Accounts, and Voluntary Contribution Accounts

- h. In-service distributions from the following Accounts are permitted, provided the conditions selected under i. are satisfied:
- h.1. All Rollover Accounts, including Roth Rollover Accounts transferred into the Plan.  
 h.2. Rollover Accounts, excluding Roth Rollover Accounts transferred into the Plan.  
 h.3. In-Plan Roth Rollover (conversion) Accounts (does not include Roth Deferrals).  
 h.4. Voluntary Contribution Accounts.
- i. The following requirements must be satisfied to receive an in-service distribution from Rollover Accounts and Voluntary Contribution Accounts. (Select one.) (In-Plan Roth Rollover (conversion) Accounts, if any, are available for in-service distribution without restriction, however tax penalties may apply.)
- i.1. None; a Participant may request distribution from these Accounts at any time.  
 i.2. Normal Retirement Age.  
 i.3. Early Retirement Age.  
 i.4. Age \_\_\_\_.
- j. Deemed severance distributions are also permitted from the Accounts indicated under h., for Participants on active duty for 30 days performing Qualified Military Service. The requirements selected under i. do not apply to a distribution due to deemed severance.
- k. The Employer may choose to limit the number of in-service distributions made to a Participant during a Plan Year and/or to set a minimum amount for any single in-service distribution, provided that such administrative provisions do not discriminate in favor of Highly Compensated Employees.

**Warning:** If the Plan was in existence before the adoption of this Adoption Agreement, the selections under G9.k. must be the same as the prior plan provisions (e.g. k.1. for Plans on an EGTRRA version DATAIR document.) to avoid an amendment to the in-service distribution provisions as described in the warning for item G9.a.

- k.1. No limitations on the number of in-service distributions made during a Plan Year and no minimum amount for an in-service distribution.  
 k.2. The maximum number of in-service distributions made to any Participant during a Plan Year is \_\_\_\_\_. (One (1) request, regardless of the number of Accounts from which the distribution is to be taken, is considered a single in-service distribution.)  
 k.3. The minimum amount of a single in-service distribution made to any Participant during a Plan Year is the lesser of \$\_\_\_\_\_ or the total value of the vested account balances of the Accounts eligible for in-service distribution. (Enter a value not to exceed \$1,000). (One (1) request, regardless of the number of Accounts from which the distribution is to be taken, is considered a single in-service distribution.)

- G10. Hardship Withdrawals and In-service Distributions due to Hardship (Sections 2.5.10 and 2.5.12)** - The Employer may permit hardship withdrawals subject to the stated deemed hardship standards of Reg. 1.401(k)-1(d)(2)(iv) (the 6 criteria) and in-service distributions due to hardship:

Hardship withdrawals from Elective Deferrals and Accounts subject to age 59 1/2 restrictions

- a. No hardship withdrawals are permitted from Elective Deferral Accounts, nor from any other Account subject to age 59 1/2 restrictions.
- b. Hardship withdrawals are permitted from the following Accounts:
- b.1. Pre-tax Elective Deferrals.
  - b.2. Roth Deferrals.
  - b.3. ADP Test Safe Harbor Contributions, provided the Participant has attained age 59 1/2.
  - b.4. Qualified Non-Elective Contributions, provided the Participant has attained age 59 1/2.
  - b.5. Qualified Matching Contributions (Matching Contributions used in ADP Test), provided the Participant has attained age 59 1/2.
  - b.6. QACA Safe Harbor Contributions, provided the Participant has attained age 59 1/2.
- c. The maximum amount of Elective Deferrals eligible for a hardship withdrawal is: (select one)
- c.1. The Participant's total Elective Deferrals (including Roth Deferrals, if selected in b.2.).
  - c.2. Elective Deferrals (including Roth Deferrals, if selected in b.2.) plus earnings that were credited to the Account before \_\_\_/\_\_\_/\_\_\_ (Enter the later of December 31, 1988 OR the last day of Plan Year ending before July 1, 1989).

For purposes of in-service distributions due to hardship from the Accounts specified under e. and g. below, hardship will be determined under the stated deemed hardship standards of Reg. 1.401(k)-1(d)(2)(iv) (the 6 criteria), unless otherwise specified in h. below:

In-service distributions due to hardship from Non-Elective Contributions, Matching Contributions and ACP Test Safe Harbor Matching Contributions Accounts (Includes Top-Heavy Minimum Contributions, but excludes all Employer Contributions subject to age 59 1/2 restrictions.)

*Warning: In-service distributions are protected benefits. If the Plan was in existence before the adoption of this Adoption Agreement, the selections under this item should be the same as, or more liberal than, the selections previously made, to avoid a cutback in protected benefits and to have uniform provisions apply to all Participants. However, if the Employer chooses to amend the in-service distribution provisions to make the provisions more restrictive, such an amendment will only apply to eligible employees hired on or after the effective date of such amendment. Further, the effective date of such an amendment to the in-service distribution provisions can be no earlier than the adoption date of the amendment.*

- d. Amendment to the provisions for an in-service distribution due to hardship. (Select one of d.1. through d.3.)
- d.1. Not Applicable - New Plan or the selections below are identical to those previously made.
  - d.2. The selections below reflect an amendment to in-service distribution provisions, and these selections are a liberalization (e.g. reduction in age requirement, availability of more Accounts) that will be effective as of the Effective Date of this Adoption Agreement and will apply to all Participants.
  - d.3. The selections below reflect an amendment to the in-service distribution provisions, and these selections are more restrictive (e.g. imposition of limitations on the number of in-service distributions during a Plan Year). These in-service distribution provisions will apply only to Eligible Employees hired on or after the effective date for the in-service distribution provisions selected below. The effective date for these provisions is the later of the Adoption Date of this Adoption Agreement or \_\_\_/\_\_\_/\_\_\_ (specify date that is on or after the Adoption Date).
- Note: If d.3. is selected, you must also specify the in-service distribution provisions under the prior plan, on the SPD screen.*
- e. In-service distributions due to hardship are permitted from the following Employer Contribution Accounts:
- e.1. Non-Elective Contributions.
  - e.2. Matching Contributions.
  - e.3. ACP Test Safe Harbor Matching Contributions.



- f. The Employer may choose to impose requirements in addition to the criteria for hardship for an in-service distribution due to hardship from the Accounts selected in e. (Complete all that apply.)
- f.1. Hardship only. No other requirements apply.
- f.2. In addition to meeting the hardship criteria, the Participant must also satisfy: (Select f.2.A. or f.2.B. and indicate the additional requirement(s) under f.3.)
- f.2.A. **All** of the requirements indicated in f.3. below.
- f.2.B. **Any** of the requirements indicated in f.3. below.
- f.3. The requirement(s) in addition to hardship criteria are:
- f.3.A. Attainment of age \_\_\_\_.
- f.3.B. Amounts have been allocated for \_\_\_\_ years. (Must be at least 2.)
- f.3.C. Require participation for at least \_\_\_\_ years. (Must be at least 5.)
- f.3.D. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **AND** require participation for at least \_\_\_\_ years (must be at least 5).
- f.3.E. Amounts have been allocated for \_\_\_\_ years (must be at least 2) **OR** require participation for at least \_\_\_\_ years (must be at least 5).
- f.3.F. Vesting - Must be fully (100%) vested in all Plan Accounts to receive an in-service distribution due to hardship.

In-service distributions due to hardship from Rollover Accounts, In-Plan Roth Rollover (conversion) Accounts, and Voluntary Contribution Accounts

- g. In-service distributions due to hardship are permitted from the following Accounts:
- g.1. All Rollover Accounts, including Roth Rollover Accounts transferred into the Plan.
- g.2. Rollover Accounts, excluding Roth Rollover Accounts transferred into the Plan.
- g.3. In-Plan Roth Rollover (conversion) Accounts.
- g.4. Voluntary Contribution Accounts.
- h. Other Hardship Criteria. In lieu of the deemed hardship standards of Reg. 1.401(k)-1(d)(2)(iv), hardship will be determined under the general hardship standards of Rev. Rul. 71-224. Hardship is defined as follows:  
 \_\_\_\_\_ (Specify the objective criteria to be used to determine hardship. Note: The rules with respect to determining hardship must be uniformly and consistently applied, and the distributable portion may not exceed the employee's vested interest.)
- i. The Employer may choose to limit the number of in-service distributions due to hardship made to a Participant during a Plan Year and/or to set a minimum amount for any single such distribution, provided that such administrative provisions do not discriminate in favor of Highly Compensated Employees.

**Warning:** If the Plan was in existence before the adoption of this Adoption Agreement, the selections under G10.i. must be the same as the prior plan provisions (e.g. i.1. for Plans on an EGTRRA version DATAIR document.) to avoid an amendment to the in-service distribution provisions as described in the warning for item G10.d.

- i.1. No limitations on the number of in-service distributions due to hardship made during a Plan Year and no minimum amount for such distributions.
- i.2. The maximum number of such distributions made to any Participant during a Plan Year is \_\_\_\_.
- i.3. The minimum amount of a single such distribution made to any Participant during a Plan Year is the lesser of \$ \_\_\_\_\_ or the total value of the vested account balances of the Accounts eligible for an in-service distribution due to hardship. (Enter a value not to exceed \$1000.00.)

**G11. Qualified Domestic Relations Orders (Section 3.11.6)** - The Employer may elect to permit distributions to an Alternate Payee pursuant to the terms of a Qualified Domestic Relations Order even if the Participant continues to be employed.

- a. Distributions to an Alternate Payee are not permitted while the Participant continues to be employed before the earliest possible retirement age pursuant to Code section 414(p).
- b. Distributions to an Alternate Payee are permitted while the Participant continues to be employed on or after the date a Domestic Relations Order is determined to be a Qualified Domestic Relations Order by the Plan Administrator.

**G12. Required Minimum Distributions**

- a. Required Beginning Date - The General Rule in Section 2.5.7(i)(4) states that minimum distributions to a Participant must begin by April 1 of the calendar year following the calendar year in which the Participant attains age 70 1/2.

**Warning:** *If the Plan was in existence before the adoption of this Adoption Agreement, the choice between items G12.a.1. or G12.a.2. must be the same as the selection previously made.*

- a.1. Required Beginning Date is age 70 1/2 for all Participants.
- a.2. Exception for Non-5-Percent Owners. (The Required Beginning Date for Participants who are not 5-Percent Owners shall be the later of April 1st of the calendar year following the calendar year in which the Participant attains age 70 1/2, or April 1st of the calendar year following the calendar year in which the Participant retires.)
- b. If selected, Participants or Beneficiaries may elect to apply the 5-year rule to distributions regarding a Participant who dies before distributions begin.

SAMPLE

**H. Other Administrative Provisions**

**H1. Earnings for Distribution Purposes (Section 3.1.2)** - The Employer may specify the manner in which earnings are allocated to Participants who receive distributions on any date other than a Valuation Date.

- a. Earnings will be credited solely as of the immediately preceding Valuation Date.  
 b. Actual earnings will be credited to the date of distribution.

*Note: Earnings and gains and losses on investments in Accounts that are valued on a daily basis are always credited to the date of distribution.*

**H2. Earnings on Forfeiture Accounts (Section 3.1.3)**

- a. Will any Forfeiture Account holding the Plan's aggregate Forfeitures be subject to Trust earnings?  
 a.1. Yes.  
 a.2. No.

**H3. Investment Control (Section 4.5 of the Trust)** - The Employer may elect to permit Participants to control the investment of their Accounts. (Select a. or b. If b. is selected, complete the remainder of this item as appropriate.)

*Note: If the options under investment control are compatible with the attached trust, choose the investment control provisions a. through g. If the attached trust has unique investment control provisions choose h. in which case the provisions of the trust will govern. Attaching a trust other than one submitted for IRS approval for use with this document is a modification to the pre-approved plan that must be submitted.*

- a. Participants may not control their investments.  
 b. Participants may control the investment of their Accounts, as provided below. The following elections apply to: (Select one of b.1. through b.3. Also, select one of c. or d., and complete the remainder of this item as applicable.)  
 b.1. Account balances as of the Effective Date of this Plan as well as future contributions.  
 b.2. Contributions made as of \_\_\_/\_\_\_/\_\_\_ and after. Participants may not control the investment of contributions made as of a prior date. (This option requires sub-accounts to be established as of the specified date.)  
 b.3. Other: \_\_\_\_\_ (Specify other provisions for determining the portions of a Participant's Accounts that the Participant may control. Indicate the Accounts subject to Participant control under option c. or d. The provision entered in this item b.3. must not discriminate in favor of Highly Compensated Employees. If this provision is not uniformly available, it must be tested for nondiscrimination.)

If b. is selected, specify the Accounts over which the Participant may exercise investment control, subject to the limitations of b.1., b.2., or b.3., by selecting one of c. or d.

- c. Participants may control the investments in all Accounts.  
 d. Participants may control their investments solely with respect to amounts attributable to: (Select one or more.)  
 d.1. Non-Elective Contributions.  
 d.2. Qualified Non-Elective Contributions.  
 d.3. Qualified Matching Contributions.  
 d.4. Pre-tax Elective Deferrals.  
 d.5. ADP Test and QACA Safe Harbor Contributions (401(k)(12) or 401(m)(11)).  
 d.6. Matching Contributions.  
 d.7. Voluntary Contributions.  
 d.8. Roth Deferrals.  
 d.9. Deemed IRA Contributions.  
 d.10. Amounts held in a Rollover Account, including In-Plan Roth Rollover (conversion) Accounts.  
 e. Must be 100% vested in directed Accounts.  
 f. Elections to transfer investments to a Controlled Account may occur:  
 f.1. Only on a Valuation Date.  
 f.2. As of the date of election, provided such election is deemed feasible by the Trustee.  
 g. This Plan is intended to comply with ERISA section 404(c). (Plan Administrator or appropriate Fiduciary shall ensure that the Plan provides Participants with the minimum options and information required by ERISA section 404(c) and the Regulations thereunder.)  
 h. Not Applicable (see attached Trust).

**H4. Life Insurance Authorization (Section 3.10.1)** - The Employer may permit the purchase of Life Insurance Policies to provide incidental insurance benefits. (Select one.)

- a. No Life Insurance shall be purchased.
- b. The purchase of Life Insurance is permitted as provided under Part 3 Article X and the Life Insurance Policy adopted by the Employer.

**H5. Loans (Section 3.5.1)** - The Employer may elect to permit loans to Participants and Beneficiaries in accordance with a Participant loan program.

- a. Loans are permitted, in accordance with a Participant loan program.
- b. Loans are not permitted.

**H6. Rollovers / Portability (Section 3.9.3)** - The Employer may permit rollover of Eligible Rollover Distributions from other qualified plans and IRAs to this Plan. (Select all applicable and if the effective date of the selection is other than the Effective Date of this Plan, specify below the provision's effective date.)

- a. Rollover Accounts are not permitted.
- b. Rollover Accounts are permitted only from other plans of the Employer:
  - b.1. Including Roth Rollovers effective \_\_\_/\_\_\_/\_\_\_\_\_.
  - b.2. Excluding Roth Rollovers.
- c. The indicated types of Rollovers or Transfers are permitted, and the Plan will accept rollovers from the plans / IRAs indicated below. (To permit Rollovers or Transfers, select all that apply under this item c.)

Direct Rollover (Trust to Trust transfer)	Participant Rollover (within 60 days of the distribution)		
<input type="checkbox"/>	<input type="checkbox"/>	c.1	Permitted, as indicated below, from:
<input type="checkbox"/>	<input type="checkbox"/>	c.2	A qualified plan described in Code sections 401(a) or 403(a), excluding after-tax employee contributions.
<input type="checkbox"/>	N/A	c.3	A qualified plan described in Code sections 401(a) or 403(a), including after-tax employee contributions.
<input type="checkbox"/>	<input type="checkbox"/>	c.4	An annuity contract described in Code section 403(b). After-tax amounts:
<input type="checkbox"/>	<input type="checkbox"/>	c.4.A	Will be accepted by the Plan effective ___/___/_____. (Effective date January 1, 2007 or later.)
<input type="checkbox"/>	<input type="checkbox"/>	c.4.B	Are excluded. The Plan will not accept rollover of after-tax amounts.
<input type="checkbox"/>	<input type="checkbox"/>	c.5	An eligible plan under Code section 457(b) that is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state.
<input type="checkbox"/>	N/A	c.6	A Roth Deferral account in a qualified plan described in Code sections 401(a) or 403(a). (May select this option only if the Plan permits Roth Deferrals.)
<input type="checkbox"/>	<input type="checkbox"/>	c.7	An Individual Retirement Account or Annuity described in Code sections 408(a) or (b) or 408A that is eligible to be rolled over:
<input type="checkbox"/>	<input type="checkbox"/>	c.7.A	Including a Transfer/Rollover from a Roth IRA effective ___/___/_____. (May select this option only if the Plan permits Deemed IRA Accounts. Effective date January 1, 2008 or later.)
<input type="checkbox"/>	<input type="checkbox"/>	c.7.B	Excluding a Roth IRA. Transfer/ Rollover from a Roth IRA is not permitted.

- d. Rollovers are accepted:
  - d.1. Only after Participant enters Plan.
  - d.2. From Employees in an eligible class before Plan entry.
- e. Rollovers and Transfers of in-kind assets are:
 

*Note: Participant loans may be rolled over or transferred into the Plan only through trustee to trustee transfer.*

  - e.1. Permitted.
  - e.2. Not permitted.
  - e.3. Permitted, except Participant loans.
  - e.4. Not permitted, except Participant loans.
  - e.5. Permitted only if from other plans of the Employer.

**H7. Multiple Plans Top-Heavy Provisions** - The Employer that maintains a qualified defined benefit plan in which any Participant in the Plan is, was, or could become a Participant adds the following optional provisions that it deems necessary to satisfy Code section 416 because of the required aggregation of multiple plans:

- a. Not applicable - No other plan or other plan terminated prior to the Effective Date of this Adoption Agreement.
- b. A minimum contribution allocation of 5% of each eligible Non-Key Employee's total Compensation shall be provided in a defined contribution plan of the Employer.
- c. A minimum benefit of the lesser of 2% times Years of Service or 20% of each eligible Non-Key Employee's Average Compensation shall be provided in a defined benefit plan of the Employer.
- d. A minimum benefit of the lesser of 2% times Years of Service or 20% of each eligible Non-Key Employee's Average Compensation shall be provided in a defined benefit plan of the Employer but offset by the amount contributed on such eligible Non-Key Employee's behalf under any defined contribution plan of the Employer.
- e. Other - Specify: \_\_\_\_\_

*Note: When selecting "e. Other" the method selected must preclude Employer discretion (method used must be definitely determinable and clearly stated). If c. or d. selected, should coordinate with any existing defined benefit plan.*

**H8. Top-Heavy Assumptions** - (SKIP this question UNLESS the Employer also has a Defined Benefit Plan.) The interest rate and mortality table used to establish the present value of accrued benefits in order to calculate the Top-Heavy Ratio under Code section 416 shall be:

- a. Same as the following defined benefit plan:  
\_\_\_\_\_
- b. Interest Rate: \_\_\_\_\_  
(Insert description of variable rate or enter fixed rate.)  
Mortality table: \_\_\_\_\_

*Note: The actuarial assumptions entered here should be coordinated with any existing defined benefit plan.*

**H9. Top-Heavy Duplications** - If Employer maintains two or more defined contribution plans, the Employer has determined that a Minimum Top-Heavy Allocation will be provided as follows:

- a. Not applicable - No other plan or other plan terminated prior to the Effective Date of this Adoption Agreement.
- b. A minimum contribution of \_\_\_\_\_ % of each Non-Key Participant's Compensation shall be provided by:
  - b.1. This Plan.
  - b.2. The following defined contribution plan: \_\_\_\_\_
  - b.3. Employees who will receive the minimum contribution under such other plan: \_\_\_\_\_

*Note: Satisfying the Minimum Top-Heavy Allocation in another plan for some but not all of the Participants may cause the Plan to fail to satisfy the uniformity requirement of Treasury Regulations section 1.401(a)(4)-2(b)(2)(ii) for plans using a design-based safe harbor, even though all other requirements of the safe harbor are met.*

**H10. Multiple Plans Maximum Permitted Disparity (Section 2.3.5)**

- a. The Employer does not sponsor any other qualified plans. (SKIP the remaining items in H10.)
- b. The Employer has another defined contribution plan, but no Participant in the Plan has ever participated in a defined benefit plan sponsored by the Employer. (SKIP items e. and f.)

(Complete items c. and d. only if the Plan formula is integrated (Formulas D13.s. through D13.v.))

If the maximum permitted disparity is exceeded:

- c. The allocation will be adjusted in this Plan, as selected below, if the Employer sponsors another defined contribution plan:
  - c.1. Allocation based pro-rata on Compensation.
  - c.2. Allocation based on the (Tier 2) excess contribution percentage (only available if allocation formula D13.s. selected).
  - c.3. Allocation based on the (Tier 1) base contribution percentage (only available if allocation formula D13.s. selected).
  - c.4. General test will be performed without recognizing imputed disparity (only available if allocation formula D13.s. or D13.v. is selected).

- d. Allocation or accrued benefit will be adjusted in another defined contribution plan of the Employer.

If the Employer also sponsors a defined benefit plan, for Plan Years on or after January 1, 1989, the Annual Overall Permitted Disparity Fraction equals:

- e. 1 (one).  
 f. The value determined under the provisions of Reg. 1.401(l)-5.

**H11. Trustee Authority** - Subject to Section 2.2 of the Trust, if the Employer has appointed a group of 2 or more individuals to act as Trustee of the Plan, the Trustee may be bound by:

- a. Not Applicable (see attached Trust).  
 b. The act of the majority.  
 c. The act of any \_\_\_ (insert number) individuals acting in the capacity of the Trustee.

**H12. Prior Plan Protected Benefits (Section 3.8.3)** - The adoption of this Plan shall not reduce or eliminate any previously accrued protected benefits under Code section 411(d)(6). In the event that this Adoption Agreement does not reflect an optional form of payment or other protected benefit accrued under a prior plan, the employer may elect to attach an appendix to this Adoption Agreement, describing all such prior plan protected benefits.

- a. Not Applicable.  
 b. Appendix describing prior plan protected benefits is attached to this Adoption Agreement. Specify the contents of the appendix: