

Cash or Deferred Volume Submitter Plan Checklist

DO NOT USE THIS CHECKLIST IN LIEU OF THE PLAN DOCUMENT.

1. Adopting Employer: *(Enter primary adopting Employer here. Enter other members of a controlled group or affiliated service group in question 7. below)*

2. Plan Name - The legal name of the Plan is:

3. **Plan Effective Dates (Sections 1.1.1 and 1.1.2)**

- a. Effective Date (Effective date of this document): / /
- b. Adoption Date (date document is to be executed): / /
(If this field is left blank, it must be manually entered in the printed document)

This Plan is a:

- c. New plan
- d. Restatement of a Plan originally effective: / /
- e. Amendment and Restatement of a Plan originally effective: / /
- f. Amendment of a Plan originally effective: / /

If the Plan contains a different effective date for a portion of the Plan, enter the date here. Otherwise, omit this question.
DATE ENTERED MAY NOT BE EARLIER THAN ADOPTION DATE OF PLAN

- g. Effective date for the cash or deferral portion of the Plan: / /
- h. Effective date for the matching portion of the Plan: / /
- i. Effective date for the profit sharing portion of the Plan: / /

j. Frozen plan: Effective as of: / /

Special effective dates:

- k. Plans with provisions having special effective dates must enter them as custom text:
_____ (Plan)
_____ (SPD)

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

4. **Plan Year**

- a. The calendar year
 - b. The fiscal year of the Employer
 - c. The 12 consecutive month period commencing / /
 - d. Other: _____
(Enter period such as "The twelve month period ending on the last day of February")
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The Plan has:

- e. Never had a short Plan Year
- f. Had an initial Plan Year commencing / / and ending / /
- g. Had a change in Plan Year where the short Plan Year commenced / / and ended / /
- h. Other: _____

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5. Employer Information

- a. Employer Address: _____

_____, _____
- b. Employer Phone: _____
- c. Employer Tax ID: _____
- d. Fiscal Year ends: ____/____
- e. Business Code: _____
- f. Form of Business:
 - f.1. Sole Proprietorship
 - f.2. Partnership
 - f.3. C Corporation
 - f.4. S Corporation
 - f.5. Limited Liability Company (LLC)
 - f.6. Limited Liability Partnership (LLP)
 - f.7. Not for Profit Corporation
 - f.8. Professional Service Corporation
 - f.9. Other - Explain: _____
- g. State of Legal Construction: _____
- h. Date Business Commenced: ____/____/____

6. Plan Information

- a. Plan Number: _____
- b. IRS Determination Letter Date: ____/____/____ (Omit if unknown)
- c. IRS File Folder Number: _____ (Omit if unknown)
- d. Plan Agent:
 - (same as Employer)
 - _____

_____, _____
- e. Plan Administrator:
 - (same as Employer)
 - _____

_____, _____
- f. Plan Administrator ID Number: _____

7. **Other Employers Adopting Plan** (Omit if no other employer is adopting this Plan)

- a. Members in a controlled group with the Employer entered above who will adopt this Plan

- b. Member in an affiliated service group with the Employer entered above who will adopt this Plan

- c. Entity participating in this Plan that does not fit into category a. or b. above.

8. **Trust Information**

- a. Plan Trustees:
- b. Trust ID Number: _____
- c. Print the Plan and Trust in one document. SKIP the following questions
- d. The Plan will use a separate trust provided by the Trustee. Complete items f and g
(If this trust has not been submitted for IRS approval, the Plan will be individually designed)
- e. The Plan will use a separate trust prepared by the document system. Complete items f, g, and h
- f. Trust Name - The legal name of the Trust is:

- g. Effective Date of Trust: ___/___/___
- h. Adoption Date of Trust (date document is to be executed): ___/___/___ (If this field is left blank, it must be manually entered in the printed document)
- i. If the Plan and Trust are separate, the Employer may require the Trustee to sign the Plan Document.
 - i.1. Trustee must sign Plan document
 - i.2. Trustee does not sign Plan document

IMPORTANT NOTICE

This checklist is merely a worksheet to help qualified professionals prepare retirement plan documents. DATAIR does not guarantee that any particular document will meet the needs of your client. It is your responsibility to ensure that the resulting document is appropriate. DATAIR, by providing this system of producing retirement plan documents, is not engaged in the practice of law. Please review plans prepared with this system with legal counsel and a tax professional qualified to practice before the Internal Revenue Service (IRS).

A. Eligibility and Service Provisions

Unless otherwise specified, select only one option to each question below.

1. **Eligibility Computation Period** - Eligibility Computation Periods subsequent to the initial Eligibility Computation Period

- a. Continue to be based on the Employment Commencement Date.
- b. Are based on the Plan Year.

2. **Eligible Employees (Definitions and Section 2.1.9)** - All Employees of the Employer and any other business entities, such as other members of a controlled group or an affiliated service group, that adopts this Plan are eligible to participate in the Plan except: *(Select all applicable)*

Excluded from Entire Plan

- a. Exclude members of collective bargaining unit.
- b. Exclude non-resident aliens.
- c. Exclude Employees acquired in an Code section 410(b)(6)(C) transaction.
- d. Exclude Employees not covered by a collectively bargained agreement with the following unions:

- e. Exclude those electing not to participate in the Plan.
- f. Groups excluded from Code section 410(b) test for reasons such as being a SLOB under Code section 414(r):

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Excluded from a Portion of the Plan

Non-Elective Contributions

Elective Contributions/Deferrals

Matching Contributions

- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> g.1. | | <input type="checkbox"/> g.3. No contributions of this type <u>ever</u> made to the Plan. |
| <input type="checkbox"/> h.1. | <input type="checkbox"/> h.2. | <input type="checkbox"/> h.3. Exclude Leased Employees. |
| <input type="checkbox"/> i.1. | <input type="checkbox"/> i.2. | <input type="checkbox"/> i.3. Exclude Key Employees. |
| <input type="checkbox"/> j.1. | <input type="checkbox"/> j.2. | <input type="checkbox"/> j.3. Exclude Highly Compensated Employees. |
| <input type="checkbox"/> k.1. | <input type="checkbox"/> k.2. | <input type="checkbox"/> k.3. Exclude Self-Employed Individuals. |
| <input type="checkbox"/> l.1. | <input type="checkbox"/> l.2. | <input type="checkbox"/> l.3. Exclude Employees whose compensation is based solely on commissions. |
| <input type="checkbox"/> m.1. | <input type="checkbox"/> m.2. | <input type="checkbox"/> m.3. Exclude Employees that are paid on an hourly basis. |
| <input type="checkbox"/> n.1. | <input type="checkbox"/> n.2. | <input type="checkbox"/> n.3. Exclude Employees that have a stated salary and are not paid on an hourly basis. |
| <input type="checkbox"/> o.1. | <input type="checkbox"/> o.2. | <input type="checkbox"/> o.3. Exclude Employees who are not eligible to receive health and welfare benefits provided by the Employer.
Other excluded groups using the criteria of Reg. 1.410(b)-4: THE GROUP(S) ENTERED MUST BE REASONABLE AND ESTABLISHED UNDER OBJECTIVE BUSINESS CRITERIA, PRECLUDE EMPLOYER DISCRETION, AND NOT USED TO BYPASS THE AGE/SERVICE REQUIREMENTS OF CODE SECTION 410(a). AN INDIVIDUAL'S NAME MAY NOT BE ENTERED. This option is not considered a modification to the specimen document. |
| <input type="checkbox"/> p.1. | <input type="checkbox"/> p.2. | <input type="checkbox"/> p.3. _____
_____ |
| | | Exclude the following Employees:
<i>This option is not considered a modification to the specimen document.</i> |
| <input type="checkbox"/> q.1. | <input type="checkbox"/> q.2. | <input type="checkbox"/> q.3. _____
_____ |
| | | Other groups excluded (<u>include</u> in Code section 410(b) test):
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| <input type="checkbox"/> r.1. | <input type="checkbox"/> r.2. | _____ |
| | | <input type="checkbox"/> r.3. (c) DATAIR Employee Benefit Systems, Inc. 2019 |

3. Highly Compensated Employee Determination

- a. Top-Paid Group Election - The Employer elects to limit Highly Compensated Employees to those in the top 20% of employees when ranked by compensation.
- b. Calendar Year Data Election - The Employer elects to use compensation in the calendar year beginning in the preceding Plan Year *(not available for plans with calendar plan years after 1998)*.
 - c. The employee census for all plans will be based on:
 - c.1. The preceding Plan Year.
 - c.2. The calendar year beginning within the preceding Plan Year.
 - c.3. The 12 month period ending ___/___ (Select this option when using the Plan Year of another plan of the Employer.)

4. Eligibility Requirements (Year of Eligibility Service and Section 2.1.1) - A Year of Eligibility Service is an Eligibility Computation Period with:

- a. _____ Hours of Service (not to exceed 1000).
 - a.1. An Employee will enter the Plan on the next Entry Date after working the required hours.
 - a.2. An Employee will enter the Plan on the next Entry Date after the end of the Eligibility Computation Period.
- b. 12 months (Elapsed Time Method.)

An Employee is eligible to participate in each portion of the Plan upon satisfying the appropriate eligibility requirements: *(If you select d, you may also select e, f, g, or h)*

<u>Non-Elective Contributions</u>	<u>Elective Deferrals</u>	<u>Matching Contributions</u>	
<input type="checkbox"/> c.1.	<input type="checkbox"/> c.2.	<input type="checkbox"/> c.3.	No age or service required.
<input type="checkbox"/> d.1.	<input type="checkbox"/> d.2.	<input type="checkbox"/> d.3.	Minimum age of ___ years. (Not to exceed 21. Partial years may be used.)
<input type="checkbox"/> e.1.	<input type="checkbox"/> e.2.	<input type="checkbox"/> e.3.	Minimum age of ___ years. (Not to exceed 21. Partial years may be used.)
			Minimum of ___ Years of Eligibility Service.
			Minimum of ___ Years of Eligibility Service.
			Minimum of ___ Years of Eligibility Service.
			(Maximum eligibility for Elective is 1 year. Maximum eligibility for Non-Elective and Matching is 2 years. If more than 1 year is selected, must select full and immediate vesting.)
<input type="checkbox"/> f.1.	<input type="checkbox"/> f.2.	<input type="checkbox"/> f.3.	Minimum of ___ months of service under the Elapsed Time Method.
			Minimum of ___ months of service under the Elapsed Time Method.
			Minimum of ___ months of service under the Elapsed Time Method.
			(Maximum eligibility for Elective is 12 months. Maximum eligibility for Non-Elective and Matching is 24 months. If more than 12 months is entered, must select full and immediate vesting.)
<input type="checkbox"/> g.1.	<input type="checkbox"/> g.2.	<input type="checkbox"/> g.3.	Minimum of ___ months of service with _____ Hours of Service in each month, but not to exceed a Year of Eligibility Service.
			Minimum of ___ months of service with _____ Hours of Service in each month, but not to exceed a Year of Eligibility Service.
			Minimum of ___ months of service with _____ Hours of Service in each month, but not to exceed a Year of Eligibility Service.
<input type="checkbox"/> h.1.	<input type="checkbox"/> h.2.	<input type="checkbox"/> h.3.	_____ Hours of Service, provided hours are in the same Eligibility Computation Period.
			_____ Hours of Service, provided hours are in the same Eligibility Computation Period.
			_____ Hours of Service, provided hours are in the same Eligibility Computation Period.

The following overrides the requirements above: (Omit items i - n if no special entry date.)

Employees as of:

- | | | |
|---|---|---|
| Non-Elective
<u>Contributions</u> | Elective
<u>Deferrals</u> | Matching
<u>Contributions</u> |
| <input type="checkbox"/> i.1. ___/___/___ | <input type="checkbox"/> i.2. ___/___/___ | <input type="checkbox"/> i.3. ___/___/___ |

Select either of the following if such Employees must still meet the eligibility requirements described above:

- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> j.1. | <input type="checkbox"/> j.2. | <input type="checkbox"/> j.3. The Age requirement. |
| <input type="checkbox"/> k.1. | <input type="checkbox"/> k.2. | <input type="checkbox"/> k.3. The Service requirement. |

Employees who meet these criteria may participate in that portion of the Plan as follows:

- | | | |
|---|---|--|
| <input type="checkbox"/> l.1. | <input type="checkbox"/> l.2. | <input type="checkbox"/> l.3. The Effective Date of this document. |
| <input type="checkbox"/> m.1. | <input type="checkbox"/> m.2. | <input type="checkbox"/> m.3. The next Entry Date. |
| <input type="checkbox"/> n.1. ___/___/___ | <input type="checkbox"/> n.2. ___/___/___ | <input type="checkbox"/> n.3. ___/___/___ On the specified date. |

5. Hour of Service - An employee will be credited with an Hour of Service based on: *(If you select a, you may wish to select another option from b through f as a safe guard)*

- a. Actual hours worked.
- b. Days Worked - credit 10 Hours of Service for each day the Employee works at least 1 hour.
- c. Weeks Worked - credit 45 Hours of Service for each week the Employee works at least 1 hour.
- d. Semi-Monthly - credit 95 Hours of Service for each semi-monthly pay period the Employee works at least 1 hour.
- e. Bi-Weekly - credit 95 Hours of Service for each two week period the Employee works at least 1 hour.
- f. Months Worked - credit 190 Hours of Service for each month the Employee works at least 1 hour.

Must answer g. if any of A4.b., A4.f., A4.g., A8.a.2., A8.b.2., A8.c.2., D5.f., D5.g., D11.h., or E1.g. are selected:

- g. If the Elapsed Time Method is used, fractional years are measured using:
 - g.1. Exact dates in years
 - g.2. Exact dates in months
 - g.3. Calendar month granted if Employee credited with an Hour of Service.
 - g.4. Nearest calendar months
 - g.5. Completed calendar months

and rounded to the nearest:

- g.6. 1/10th (.1) of a year.
- g.7. 1/100th (.01) of a year.
- g.8. 1/1000th (.001) of a year.
- g.9. 1/12th of a year.

6. Service with Predecessor/Prior Employers (Definition of Hours of Service and Appendix) - If the Plan grants service with a predecessor or prior employer, identify the employer, what type of service is being granted, and the type of transaction that generated the grant. *Complete this section for each transaction granting service.*

- a. Name of Employer or other Adopting Employer: ____
- b. Name of predecessor or prior employer: ____
- c. Situation resulting in grant of prior service:

Service with Predecessor Employer

- c.1. Adopt predecessor's plan. Name of prior plan: ____
- c.2. Merger of predecessor's plan and this plan. Name of other plan: ____
- c.3. Spin-off of portion of predecessor's plan to form this Plan. Name of other plan: ____
(Must attach schedule of the Participants whose assets and/or liabilities were spun off to this Plan.)
- c.4. Termination of predecessor's plan. Name of other plan: ____
 - c.4.A. Assets and liabilities transferred to this Plan.
 - c.4.B. Assets of prior plan distributed. Service granted for those employed as of ____/____/____ (See items c.10 - 13 below.)

Grant of Prior Service. (Employer did not adopt plan of a predecessor employer.)

- c.5. Past service granted to all employees of prior employer listed above, but limited to 5 years.
- c.6. Past service granted to employees of prior employer listed above hired by the Employer on or before ____/____/____, and limited to 5 years.
- c.7. Past service granted to all employees of prior employer listed above (no limit on past service).
- c.8. Past service granted to employees of prior employer listed above hired by the Employer on or before ____/____/____ (no limit on past service).
- c.9. Other:

If you select this option, the information in items a., b., and c. will not be used. Enter this information as custom text. You must also select c.9.a. or c.9.b.

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- c.9.A. The custom information relates to service with a predecessor employer.
- c.9.B. The custom information relates to service with an unrelated employer.

If c.4.B. through c.8. is selected, prior service is granted for: *(select all applicable)*

- c.10. Years of Eligibility Service
- c.11. Years of Credited Service
- c.12. Years of Vesting Service
- c.13. Attainment of Early or Normal Retirement Age.

If more than one transaction is required, click here:

7. Entry Date (Section 2.1.2) - Eligible Employees may enter the Plan:

Non-Elective Contributions	Elective Deferrals	Matching Contributions
-------------------------------	-----------------------	---------------------------

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> a.1. | <input type="checkbox"/> a.2. | <input type="checkbox"/> a.3. |
| <input type="checkbox"/> b.1. | <input type="checkbox"/> b.2. | <input type="checkbox"/> b.3. |
- Semiannually** - First Entry Date: ____/____ and the date 6 months later, coincident with or next following satisfaction of the eligibility requirements.
- Semiannually** - First Entry Date: ____/____ and the date 6 months later, coincident with or next following satisfaction of the eligibility requirements.
- Semiannually** - First Entry Date: ____/____ and the date 6 months later, coincident with or next following satisfaction of the eligibility requirements.
- Quarterly** - First Entry Date: ____/____ and the same day of the month in each successive 3-month period coincident with or next following satisfaction of the eligibility requirements.
- Quarterly** - First Entry Date: ____/____ and the same day of the month in each successive 3-month period coincident with or next following satisfaction of the eligibility requirements.
- Quarterly** - First Entry Date: ____/____ and the same day of the month in each successive 3-month period coincident with or next following satisfaction of the

- eligibility requirements.
- c.1. **Monthly** - First Entry Date: The _____ day of each calendar month in the Plan Year, coincident with or next following satisfaction of the eligibility requirements. (Use first, second, last, etc.)
 - c.2. **Monthly** - First Entry Date: The _____ day of each calendar month in the Plan Year, coincident with or next following satisfaction of the eligibility requirements. (Use first, second, last, etc.)
 - c.3. **Monthly** - First Entry Date: The _____ day of each calendar month in the Plan Year, coincident with or next following satisfaction of the eligibility requirements. (Use first, second, last, etc.)
 - d.1. The first day of the Plan Year coincident with or next following satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - d.2. The first day of the Plan Year coincident with or next following satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - d.3. The first day of the Plan Year coincident with or next following satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - e.1. The first day of the next Plan Year after satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - e.2. The first day of the next Plan Year after satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - e.3. The first day of the next Plan Year after satisfaction of the eligibility requirements, but in no event later than ___ month(s) (not to exceed 6) after the date the Employee meets the requirements.
 - f.1. The first day of the _____ month (not to exceed 6) after satisfaction of the eligibility requirements, but in no event later than the first day of the next Plan Year.
 - f.2. The first day of the _____ month (not to exceed 6) after satisfaction of the eligibility requirements, but in no event later than the first day of the next Plan Year.
 - f.3. The first day of the _____ month (not to exceed 6) after satisfaction of the eligibility requirements, but in no event later than the first day of the next Plan Year.
 - g.1. The _____ day of the Plan Year in which the Employee satisfies the eligibility requirements.
 - g.2. The _____ day of the Plan Year in which the Employee satisfies the eligibility requirements.
 - g.3. The _____ day of the Plan Year in which the Employee satisfies the eligibility requirements.
(If last is used, age must not exceed 20-1/2 and service must not exceed 6 months or 18 months with 100% vesting.)
 - h.1. h.2. h.3. First day of Plan Year nearest to the date the Employee satisfies the eligibility requirements
 - i.1. ___ day of the Plan Year coincident with or next following the date the Employee satisfies the eligibility requirements, but in no event later than six (6) months after he satisfies the eligibility requirements.
 - i.2. ___ day of the Plan Year coincident with or next following the date the Employee satisfies the eligibility requirements, but in no event later than six (6) months after he satisfies the eligibility requirements.
 - i.3. ___ day of the Plan Year coincident with or next following the date the Employee satisfies the eligibility requirements, but in no event later than six (6) months after he satisfies the eligibility requirements.
 - j.1. j.2. j.3. First day of the Plan Year coincident with or next following the date the Employee satisfies the eligibility requirements. (Age must not exceed 20-1/2

and service must not exceed 6 months or 18 months with 100% vesting.)

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> k.1. | <input type="checkbox"/> k.2. | <input type="checkbox"/> k.3. | Anniversary Date coincident with or next following the date the Employee satisfies the eligibility requirements but in no event later than the first day of the next Plan Year or 6 months after satisfaction of the eligibility requirements, whichever comes first. |
| <input type="checkbox"/> l.1. | <input type="checkbox"/> l.2. | <input type="checkbox"/> l.3. | Anniversary Date of the Plan Year in which the Employee satisfies the eligibility requirements, but in no event later than 6 months after satisfaction of the eligibility requirements. |
| <input type="checkbox"/> m.1. | <input type="checkbox"/> m.2. | <input type="checkbox"/> m.3. | The date the Employee satisfies the eligibility requirements. |
| <input type="checkbox"/> n.1. | | | Other: _____ |
| | <input type="checkbox"/> n.2. | | Other: _____ |
| | | <input type="checkbox"/> n.3. | Other: _____ |
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8. Break in Service

- a. A Break in Service for plan eligibility purposes:
 - a.1. Less than ___ Hours of Service (500 or less).
 - a.2. A "one year period of severance" under Elapsed Time Method
- b. A Break in Service for Vesting purposes:
 - b.1. Less than ___ Hours of Service (500 or less).
 - b.2. A "one year period of severance" under Elapsed Time Method
- c. A Break in Service for points allocation plans or plans with Credited Service schedules:
 - c.1. Less than ___ Hours of Service (500 or less).
 - c.2. A "one year period of severance" under Elapsed Time Method

9. Fail Safe Allocations (Section 2.3.10) - Allocations will be given to Employees who normally would not be given an allocation 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 either the ratio percentage test or the average benefits test of Code section 410(b). Discrimination tests include employees with:
 - b.1. More than 500 hours of service. (Plans based on hours instead of Elapsed Time must select this option.)
 - b.2. More than 3 months of service.
 - b.3. More than 91 days of service.
- c. Other:

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B. Date Provisions

Unless otherwise specified, select only one option to each question below.

1. Anniversary Date

- 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: _____ (Plan)
 _____ (SPD)
 (Enter date such as "The last Saturday in December")
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2. Valuation Date - The date assets of the Trust are valued and Participant's Accounts determined

- a. The last day of the Plan Year.
- b. Semiannually - the last day of each 6-month period beginning with the first day of the Plan Year.
- c. Quarterly - 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 month.
- e. Last day of each pay period.
- f. The last day of each calendar year quarter.
- g. Accounts valued daily.
- h. Other: _____ (Plan)
 _____ (SPD)
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If different assets have different valuation dates, describe the basis below:

- i. Some assets are valued on a daily basis.
- j. Other: _____
 (Example: Segregated Funds valued on a different basis)

Valuation Date for Top-Heavy Purposes (Section 2.6.2)

- k. For purposes of computing the Top-Heavy Ratio, the Valuation Date is ___/___ of each Plan Year.
 (Enter last day of Plan Year unless Plan is aggregated with another plan for top-heavy testing purposes.)

3. Normal Retirement Age - The age the Participant attains: *(If you select one of e through h, you must also select one of a through d. If you select i. or j., you must also select either a. or b.)*

- a. Statutory: The later of age 65 or the 5th anniversary of "participation commencement date".
- b. Age ___ (not to exceed 65).
- c. Age ___ and ___ Years of Service (age not to exceed 65).
- d. Age ___ and ___ Years of Participation (age not to exceed 65).
- e. The sum of age and Years of Service equals ___
- f. The 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 ___ anniversary of employment.
- j. Age ___ and ___ anniversary of actual participation.
- k. Other: _____ (Plan)
 _____ (SPD)
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4. Normal Retirement Date - The date the Participant may retire under the Plan:

- a. The date Normal Retirement Age is attained.
- b. The first day of the month in which Normal Retirement Age occurs.
- c. The first day of the month nearest Normal Retirement Age.
- d. The first day of the month coincident with or next following Normal Retirement Age.
- e. The Anniversary Date of the Plan Year in which Normal Retirement Age occurs.
- f. The Anniversary Date nearest Normal Retirement Age.
- g. The Anniversary Date coincident with or next following Normal Retirement Age.
- h. The Anniversary Date coincident with or next preceding Normal Retirement Age.
- i. The last day of the month in which Normal Retirement Age occurs.
- j. The last day of the month nearest Normal Retirement Age.
- k. The last day of the month coincident with or next following Normal Retirement Age.
- l. Other: _____ (Plan)
 _____ (SPD)
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5. Early Retirement Age - The age the Participant attains:

- a. No Early Retirement Age.
- b. Age ____.
- c. Age ____ and ____ Years of Service.
- d. Age ____ and ____ Years of Participation.
- e. ____ years prior to the Normal Retirement Age.
- f. The sum of age and Years of Service equals ____
- g. The 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.
- n. Other: _____ (Plan)
 _____ (SPD)
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6. Early Retirement Date - The earliest date the Participant may retire under the Plan: *(Omit if no Early Retirement under the Plan)*

- a. The date Early Retirement Age is attained.
- b. The first day of the month in which Early Retirement Age occurs.
- c. The first day of the month nearest Early Retirement Age.
- d. The first day of the month coincident with or next following Early Retirement Age.
- e. The Anniversary Date of the Plan Year in which Early Retirement Age occurs.
- f. The Anniversary Date nearest the Early Retirement Age.
- g. The Anniversary Date coincident with or next following Early Retirement Age.
- h. The Anniversary Date coincident with or next preceding Early Retirement Age.
- i. The last day of the month in which Early Retirement Age occurs.
- j. The last day of the month nearest Early Retirement Age.
- k. The last day of the month coincident with or next following Early Retirement Age.
- l. Other: _____ (Plan)
 _____ (SPD)
 MODIFICATION REQUIRING IRS SUBMISSION

7. **Disability** - An Employee or Participant has a "Disability" if:

Select at least one (Selecting more than one option means that an Employee or Participant has a Disability as of the earliest date determined under the options selected)

- a. He suffers from a medically determinable physical or mental impairment expected to cause death or to last for a continuous period not less than 12 months and that renders him incapable of performing his duties (comparable to the definition required for section 415 compensation).
- b. The Social Security Administration has determined that he is eligible to receive Social Security disability benefits.
- c. He has begun to receive payments under a long term disability program or a comparable disability program maintained by the Employer.
- d. The Participant's actual date of disability, as determined by the Plan Administrator.
- e. _____ months after the Participant's actual date of disability, as determined by the Plan Administrator.
- f. Other: _____ (Plan)
_____ (SPD)
MODIFICATION REQUIRING IRS SUBMISSION

8. **Limitation Year** - Code section 415 limits are imposed on the following computation period:

- a. The Plan Year.
- b. The calendar year ending with or ending within the Plan Year.
- c. The 12-consecutive month period ending ___/___ coinciding with, or ending within, the Plan Year.
- d. The Employer Fiscal Year ending with or within the Plan Year.

C. Compensation

Unless otherwise specified, select only one option to each question below.

1. Plan Compensation - A Participant's Plan Compensation is based on:

- a. Wages, Tips and other Compensation entered on Box 1 of Form W-2
- b. Code section 3401(a) compensation (Compensation for income tax withholding purposes)
- c. IRC section 415(c)(3) compensation (*Skip to items C.1.n - w*)
- d. Simplified Code section 415(c)(3) compensation, as defined in Treas. Reg. 1.415(c)-2(d)(2)

Compensation may be modified as follows for purposes of allocating Non-Elective Contributions, Elective Deferrals, or Matching Contributions. If you selected either item 1.a. or 1.b., check the following boxes to include deferrals in Plan Compensation. Leave blank to exclude. (Must **include** or exclude all of the following for Code section 414(s) safe harbor compensation.) (Select either item e. or any combination of items f. through m.) (415(c)(3) Compensation must include or exclude all of the following.)

<u>Non-Elective Contributions</u>	<u>Elective Deferrals</u>	<u>Matching Contributions</u>	
<input type="checkbox"/> e.1.	<input type="checkbox"/> e.2.	<input type="checkbox"/> e.3.	All of the deferrals listed below
<input type="checkbox"/> f.1.	<input type="checkbox"/> f.2.	<input type="checkbox"/> f.3.	Section 125 deferrals (Cafeteria Plan)
<input type="checkbox"/> g.1.	<input type="checkbox"/> g.2.	<input type="checkbox"/> g.3.	Section 132(f)(4) deferrals (Transportation costs)
<input type="checkbox"/> h.1.	<input type="checkbox"/> h.2.	<input type="checkbox"/> h.3.	Section 402(e)(3) deferrals (401(k) and 403(b) deferrals)
<input type="checkbox"/> i.1.	<input type="checkbox"/> i.2.	<input type="checkbox"/> i.3.	Section 402(k)
<input type="checkbox"/> j.1.	<input type="checkbox"/> j.2.	<input type="checkbox"/> j.3.	Section 402(h) deferrals (Simplified Employee Plans)
<input type="checkbox"/> k.1.	<input type="checkbox"/> k.2.	<input type="checkbox"/> k.3.	Section 457(b)
<input type="checkbox"/> l.1.	<input type="checkbox"/> l.2.	<input type="checkbox"/> l.3.	408(p)(2)(A)(i) (SIMPLE)
<input type="checkbox"/> m.1.	<input type="checkbox"/> m.2.	<input type="checkbox"/> m.3.	Deemed Section 125 Compensation

If you selected item 1.c. or C.1.d., check the following boxes to exclude deferrals from Plan Compensation. Leave blank to include. (Must include or exclude all of the following for Code section 414(s) safe harbor compensation) (Select either item n or any combination of items o through w)

<u>Non-Elective Contributions</u>	<u>Elective Deferrals</u>	<u>Matching Contributions</u>	
<input type="checkbox"/> n.1.	<input type="checkbox"/> n.2.	<input type="checkbox"/> n.3.	All of the deferrals listed below
<input type="checkbox"/> o.1.	<input type="checkbox"/> o.2.	<input type="checkbox"/> o.3.	Section 125 deferrals (Cafeteria Plan)
<input type="checkbox"/> p.1.	<input type="checkbox"/> p.2.	<input type="checkbox"/> p.3.	Section 132(f)(4) deferrals (Transportation costs)
<input type="checkbox"/> q.1.	<input type="checkbox"/> q.2.	<input type="checkbox"/> q.3.	Section 402(e)(3) deferrals (401(k) and 403(b) deferrals)
<input type="checkbox"/> r.1.	<input type="checkbox"/> r.2.	<input type="checkbox"/> r.3.	Section 402(k)
<input type="checkbox"/> s.1.	<input type="checkbox"/> s.2.	<input type="checkbox"/> s.3.	Section 402(h) deferrals (Simplified Employee Plans)
<input type="checkbox"/> t.1.	<input type="checkbox"/> t.2.	<input type="checkbox"/> t.3.	Section 457(b)
<input type="checkbox"/> u.1.	<input type="checkbox"/> u.2.	<input type="checkbox"/> u.3.	Deemed Section 125 Compensation
<input type="checkbox"/> v.1.	<input type="checkbox"/> v.2.	<input type="checkbox"/> v.3.	Section 408(p)(2)(A)(i) (SIMPLE)
<input type="checkbox"/> w.1.	<input type="checkbox"/> w.2.	<input type="checkbox"/> w.3.	Nonqualified unfunded deferred compensation to the extent includible in gross income.

Amounts paid during the first few weeks of the next Limitation Year.

- x. Include. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)
- y. 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

- z. Include.
- aa. Exclude.

Differential Wage Payments.

- bb. Include for wages paid on or after ___/___/_____
- cc. Exclude.

Compensation paid to any Participant who is permanently and totally disabled includes

- dd. Include HCEs and NHCEs.
- ee. Exclude HCEs. NHCEs only (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)

Post-Severance Compensation that is for unused sick, vacation or leave pay.

- ff. 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.)
 - ff.1. Include.
 - ff.2. Exclude. (Plan Provision on the 2007 Defined Contribution Plan Interim Amendment.)

Amounts received post-severance pursuant to an unfunded deferred compensation plan. (Complete only if Compensation for that Plan purpose is defined as Code 415(c)(3) Compensation.)

- gg. Include.
- hh. Exclude.

2. Modifications to Compensation - Check the box to exclude the following from Plan Compensation. Leave blank to include (Exclusions a through g not permitted for Code section 414(s) safe harbor compensation or 415(c)(3) Compensation):

THE COMPENSATION EXCLUSIONS SELECTED BELOW MUST BE DEFINITE AND CANNOT INVOLVE ANY EMPLOYER DISCRETION AND MAY REQUIRE THE NEED FOR ADDITIONAL NONDISCRIMINATION TESTING

Non-Elective Contributions	Elective Deferrals	Matching Contributions	
<input type="checkbox"/> a.1.	<input type="checkbox"/> a.2.	<input type="checkbox"/> a.3.	Overtime
<input type="checkbox"/> b.1.	<input type="checkbox"/> b.2.	<input type="checkbox"/> b.3.	Commissions
<input type="checkbox"/> c.1.	<input type="checkbox"/> c.2.	<input type="checkbox"/> c.3.	Discretionary bonuses
<input type="checkbox"/> d.1.	<input type="checkbox"/> d.2.	<input type="checkbox"/> d.3.	Bonuses
<input type="checkbox"/> e.1.	<input type="checkbox"/> e.2.	<input type="checkbox"/> e.3.	Taxable employee benefits
<input type="checkbox"/> f.1.			Compensation in excess of \$ _____
	<input type="checkbox"/> f.2.		Compensation in excess of \$ _____
		<input type="checkbox"/> f.3.	Compensation in excess of \$ _____
<input type="checkbox"/> g.1.			Other: _____
	<input type="checkbox"/> g.2.		(Cannot discriminate in favor of Highly Compensated Employees). <i>This option is not considered a modification to the specimen document</i>
			Other: _____
		<input type="checkbox"/> g.3.	(Cannot discriminate in favor of Highly Compensated Employees). <i>This option is not considered a modification to the specimen document</i>
			Other: _____
			(Cannot discriminate in favor of Highly Compensated Employees). <i>This option is not considered a modification to the specimen document</i>

3. Compensation Computation Period - Compensation is measured over:

<u>Non-Elective Contributions</u>	<u>Elective Deferrals</u>	<u>Matching Contributions</u>
-----------------------------------	---------------------------	-------------------------------

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> a.1. | <input type="checkbox"/> a.2. | <input type="checkbox"/> a.3. | The Plan Year. |
| <input type="checkbox"/> b.1. | <input type="checkbox"/> b.2. | <input type="checkbox"/> b.3. | The calendar year ending with or within the Plan Year. |
| <input type="checkbox"/> c.1. | <input type="checkbox"/> c.2. | <input type="checkbox"/> c.3. | The 12 consecutive month period ending ___/___/___ coinciding with, or within, the Plan Year. |
| <input type="checkbox"/> d.1. | <input type="checkbox"/> d.2. | <input type="checkbox"/> d.3. | The Limitation Year. |

On the following basis:

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> e.1. | <input type="checkbox"/> e.2. | <input type="checkbox"/> e.3. | Annually. |
| <input type="checkbox"/> f.1. | <input type="checkbox"/> f.2. | <input type="checkbox"/> f.3. | Semi-Annually. |
| <input type="checkbox"/> g.1. | <input type="checkbox"/> g.2. | <input type="checkbox"/> g.3. | Quarterly (calendar year basis). |
| <input type="checkbox"/> h.1. | <input type="checkbox"/> h.2. | <input type="checkbox"/> h.3. | Quarterly. (Plan Year basis.) |
| <input type="checkbox"/> i.1. | <input type="checkbox"/> i.2. | <input type="checkbox"/> i.3. | Monthly. |
| <input type="checkbox"/> j.1. | <input type="checkbox"/> j.2. | <input type="checkbox"/> j.3. | Bi-Monthly. |
| <input type="checkbox"/> k.1. | <input type="checkbox"/> k.2. | <input type="checkbox"/> k.3. | Bi-weekly. |
| <input type="checkbox"/> l.1. | <input type="checkbox"/> l.2. | <input type="checkbox"/> l.3. | Weekly. |
| <input type="checkbox"/> m.1. | <input type="checkbox"/> m.2. | <input type="checkbox"/> m.3. | Each payroll period. |

For a Participant's initial year, Plan Compensation is measured from:

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> n.1. | <input type="checkbox"/> n.2. | <input type="checkbox"/> n.3. | Entry Date. |
| <input type="checkbox"/> o.1. | <input type="checkbox"/> o.2. | <input type="checkbox"/> o.3. | The first day of the Compensation Computation Period ending in the initial Plan Year. |

4. Compensation for Sections 415 and 416 of the Code (Sections 2.6.2 and 3.2.5) - Compensation for purposes of determining the maximum Annual Addition and Minimum Top-Heavy Allocation equals:

- a. Use the definition chosen in item C.1.a.-d. (Only if C.1.a.-d. Definition is safe harbor definition)
- b. Wages, Tips and other Compensation entered on Box 1 of Form W-2.
- c. Code section 3401(a) compensation (compensation for income tax withholding purposes).
- d. Code section 415(c)(3) compensation.
- e. If selected, the applicable definition of Compensation will include Deemed Section 125 Compensation.

For purposes of Code section 416, Compensation shall be measured over:

- f. The Limitation Year.
- g. The calendar year ending with or within the Plan Year.

D. Contribution and Allocation

Unless otherwise specified, select only one option to each question below.

In the case of self-employed individuals (i.e., sole proprietorships or partnerships, the requirements of section 1.401(k)-1(a)(6) of the Regulations continue to apply, and the allocation method should not be such that cash or deferred election is created for a self-employed individual as a result of the application of the allocation method.

1. Non-Elective Contributions (Section 2.2.1(a)) - The Employer will contribute a Profit Sharing amount to the Plan equal to: (Note: This question refers to the total amount contributed. The contribution is allocated according to the method selected in question 9 below)

- a. Non-Elective Contributions were permitted until ___/___/___
- b. A discretionary amount determined by the Employer
- c. A discretionary amount determined by the Employer by Employee classification
(Employee classifications are defined in question 26 below)
- d. A discretionary amount determined by the Employer by Participant
- e. ___% of each Participant's Compensation - (limit to 25%)
- f. An amount necessary to meet the allocation requirements
- g. That required by any collective bargaining agreement
- h. \$_____ per plan year

Prevailing Wage Contribution (Item j. may be selected by itself or with another selection from c. through k.)

- i. The Employer will make a prevailing wage contribution (Davis Bacon Act or any other Federal, State, or Municipal prevailing wage law). This contribution will be allocated according to the applicable prevailing wage schedule, which must be attached to the Plan. Entry and eligibility conditions do not apply to this contribution, and it is fully vested.
 - i.1. The above contribution will be treated as a QNEC and will:
 - i.2. If j.1 is checked, then the contribution will:
 - i.1.A. Be added to any other Non-Elective Contribution made to the same Participants
 - i.1.B. Reduce any other Non-Elective Contribution made to the same Participants

j. Qualified Non-Elective and Qualified Matching Contributions (Section 2.2.1(c))

Qualified
Non-Elective
Contributions

Qualified
Matching
Contributions

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> j.1 | <input checked="" type="checkbox"/> j.2 | Not make Qualified Non-Elective/Matching Contributions |
| <input type="checkbox"/> j.3 | <input checked="" type="checkbox"/> j.4 | May make Qualified Non-Elective/Matching Contributions at its discretion |
| <input type="checkbox"/> j.5 | <input checked="" type="checkbox"/> j.6 | Will make Qualified Non-Elective/Matching Contributions to the extent necessary |

Other:

- k. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION
- k.1. Contributions are required more frequently than annually by law or a collective bargaining agreement

If a discretionary formula is selected, the amount is: (Complete if item b. through d. is selected)

- l. Not limited to profits
- m. Limited to profits for the year
- n. Limited to accumulated profits

2. Matching Contributions (Section 2.2.1(b)) - The Employer may contribute Matching contributions equal to:

- a. Matching Contributions were permitted until ___/___/___
- b. A discretionary amount determined by the Employer
- c. The total matching allocations calculated for Participants
- d. The total matching allocations calculated for Participants plus a discretionary amount. (Complete question 16.)
- e. The sum of the amounts specified for each Employee classification
- f. The amount specified by any collectively bargained agreement (CBA)
- g. Other: _____
This option is not considered a modification to the specimen document

Voluntary Employee Contributions (Section 2.2.3) - The Plan permits Employees to make voluntary (after tax) contributions:

- h. Not permitted
- i. Voluntary Employee Contributions were permitted until ___/___/___
- j. Permitted without limitation
- k. Permitted, but not in excess of _____% of Compensation
- l. Permitted, but not in excess of \$_____ per Plan Year
- m. Permitted, but not after ___/___/___
- n. Permitted, as described in custom text: _____
MODIFICATION REQUIRING IRS SUBMISSION

Recharacterization of Excess Contributions (Section 2.7.7)

If the Plan must distribute Excess Contributions to an HCE due to a failure of the ADP test, the Plan will:

- o. Recharacterize all of the Excess Contributions as after-tax Voluntary Employee Contributions
 - p. Allow the HCE either to recharacterize the Excess Contributions as after-tax Voluntary Employee Contributions or to receive a distribution of the Excess Contributions
- Note: If the Plan uses recharacterization, it must use prior or current year testing for both the ADP and ACP testing

3. Automatic Compensation Reduction (ACR / Automatic Contribution Arrangement (Section 2.10.1))

- a. ACR will be made
- Reduction Amount
- a.1. _____ %.
 - a.2 3%.

Automatic Increase each period

- a.3 No automatic increase.
- a.4 1%.
- a.5 _____ percent.

ACR limit

Automatic increase applies

- a.6 Do not apply to Participant if current default percentage did not apply for an entire Plan Year.
- a.7 The increase shall occur on the first day of the Plan Year.
- a.8 The increase shall occur each Plan Year on ___/___

Maximum increase

- a.9 10 percent
- a.10 _____ percent.

Employees Covered

- a.11 Current Participant with Elective Deferral election in effect for less than the ACR percentage above.
- a.12 Current Participant with no Elective Deferral election in effect.
- a.13 Participants hired after ___/___/___.

4. Eligible Automatic Compensation Arrangement (EACA) / Eligible Automatic Contribution Arrangement (Section 2.10.1)

a. EACA will be made

Reduction Amount

a.1. _____ %.

a.2 3%.

Automatic Increase each period

a.3 No automatic increase.

a.4 1%.

a.5 _____ percent.

EACA limit

a.6 10 percent.

a.7 _____ percent.

Automatic increase applies

a.8 Do not apply to Participant if current default percentage did not apply for an entire Plan Year.

a.9 The increase shall occur on the first day of the Plan Year.

a.10 The increase shall occur each Plan Year on ___/___/___

EACA shall apply to certain participants

a.11 Current Participant with Elective Deferral election in effect for less than the EACA percentage above.

a.12 Current Participant with no Elective Deferral election in effect.

a.13 Participants hired after ___/___/___.

a.14 Participants not make an Elective Deferral election within the specified reasonable period.

Covered Employees

a.15 Employee eligible to make Pre-tax Deferrals.

a.16 Employee whose participation commenced on or after Effective Date of EACA.

a.17 Participant with election for Pre-tax Deferrals less than EACA amount.

a.18 (Other) _____ (define Employee group covered)

a.19 Not Covered Employee if Deferral election in place.

a.20 Covered Employee's election continues from year to year without new election.

b. EACA withdrawal election _____ days.

5. Qualified Automatic Compensation Arrangement (QACA) (Section 2.10.1)

a. QACA will be made

Reduction Amount

a.1. _____ percent.

a.2 3%.

Automatic Increase each period

a.3 None.

a.4 1 percent.

a.5 _____ percent.

QACA limit

a.6 10 percent.

a.7 _____ percent.

Automatic increase applies

a.8 Do not apply to Participant if current default percentage did not apply for an entire Plan Year.

a.9 The increase shall occur on the first day of the Plan Year.

a.10 The increase shall occur each Plan Year on ___/___

EACA shall apply to certain participants

- a.11 All Employees.
- a.12 Current Participant with Elective Deferral election less than QACA amount.
- a.13 Participant with no Elective Deferral Election.
- a.14 Participants hired after ___/___/___.
- a.15 QACA not applicable to Participants that entered before Effective Date.
- a.16 QACA not applicable to Participants that are otherwise excludable.
- b. Safe Harbor Provisions
 - Matching Contribution
 - b.1 100% of Deferrals up to 1% plus 50% of Elective Deferrals over 1% but less than 6%.
 - b.2 100% of Deferrals that do not exceed 3.5% of Compensation.
 - b.3 _____ (Must be greater than or equal to 100% of Deferrals) that do not exceed _____%. (Min 3.5%)
 - Non-Elective Contribution
 - b.4 _____%. (At least 3% of compensation not tied to Deferrals.)

6. ADP and ACP Tests (Sections 2.7.2, 2.7.3 and 2.7.10) - Unless the Plan is a Safe Harbor 401(k) Plan, the Plan must pass the ADP and ACP Test on an annual basis

The ADP Test includes Elective Deferrals and: *(Select all applicable)*

- a. No other contributions are included
- b. All Qualified Non-Elective Contributions
- c. Any Qualified Non-Elective Contributions needed to pass the ADP Test
- d. All Qualified Matching Contributions
- e. Any Qualified Matching Contributions needed to pass the ADP Test

The ACP Test includes Matching and Voluntary Employee Contributions and: *(Select all applicable)*

- f. No other contributions are included
- g. All Qualified Matching Contributions
- h. Any Qualified Matching Contributions needed to pass the ACP Test
- i. All Qualified Non-Elective Contributions
- j. Any Qualified Non-Elective Contributions needed to pass the ACP Test

The method used in determining the ADP and ACP tests is the:

- | <u>ADP Test</u> | <u>ACP Test</u> | |
|-------------------------------|-------------------------------|---------------------|
| <input type="checkbox"/> j.1. | <input type="checkbox"/> j.2. | Current Year Method |
| <input type="checkbox"/> j.3. | <input type="checkbox"/> j.4. | Prior Year Method |

If Prior Year selected and this is the first Plan Year for which this Plan permits Elective Deferrals, and this is not a successor Plan, the NHCE ADP

- j.5.
- j.6. Is or was deemed to be 3.00%.
- j.7. j.8. Equals or equaled the actual ACP for the first year.
- k.1. k.2. Current year method

The Plan must use same testing method for the ADP Test and the ACP Test UNLESS it does not use Elective Deferrals in the ACP Test and Qualified Matching Contributions in the ADP Test (see question 5.d - e and Sections 2.7.2 and 2.7.5)

7. Eligibility to Share in Employer Contribution (Sections 2.3.1(a), 2.3.3(a) and 2.3.7) - In order to share in the allocation of Non-Elective or Matching Contributions, a Participant must meet the requirements below. (Select one option for each category. Omit column if that type of contribution is not permitted by the Plan)

Active Participants (Annual allocations select from a through g or j; periodic allocations select from h through j)

<u>Non-Elective Contributions</u>	<u>Matching Contributions</u>	
<input type="checkbox"/> a.1.	<input type="checkbox"/> a.2.	Will be eligible regardless of Hours of Service
<input type="checkbox"/> b.1.	<input type="checkbox"/> b.2.	Must be employed on the last day of the Plan Year
<input type="checkbox"/> c.1.		Must complete at least ____ Hours of Service (not to exceed 1000)
	<input type="checkbox"/> c.2.	Must complete at least ____ Hours of Service (not to exceed 1000)
<input type="checkbox"/> d.1.		Must complete at least ____ Hours of Service <u>or</u> be employed on the last day of the Plan Year (not to exceed 1000)
	<input type="checkbox"/> d.2.	Must complete at least ____ Hours of Service <u>or</u> be employed on the last day of the Plan Year (not to exceed 1000)
<input type="checkbox"/> e.1.		Must complete at least ____ Hours of Service <u>and</u> be employed the last day of the Plan Year (not to exceed 1000)
	<input type="checkbox"/> e.2.	Must complete at least ____ Hours of Service <u>and</u> be employed the last day of the Plan Year (not to exceed 1000)
<input type="checkbox"/> f.1.		Those Participants with at least ____ consecutive months of service based on the Elapsed Time Method (cannot exceed 12)
	<input type="checkbox"/> f.2.	Those Participants with at least ____ consecutive months of service based on the Elapsed Time Method (cannot exceed 12)
<input type="checkbox"/> g.1.		Those Participants with at least ____ days of service based on the Elapsed Time Method (cannot exceed 365)
	<input type="checkbox"/> g.2.	Those Participants with at least ____ days of service based on the Elapsed Time Method (cannot exceed 365)
<input type="checkbox"/> h.1.	<input type="checkbox"/> h.2.	Must have received Compensation since prior Allocation Date
<input type="checkbox"/> i.1.	<input type="checkbox"/> i.2.	Must be employed on the Allocation Date for Employer Contributions
<input type="checkbox"/> j.1.		Other: _____ MODIFICATION REQUIRING IRS SUBMISSION
	<input type="checkbox"/> j.2.	Other: _____ MODIFICATION REQUIRING IRS SUBMISSION

Participants Retiring During the Plan Year

<input type="checkbox"/> k.1.	<input type="checkbox"/> k.2.	No special treatment
<input type="checkbox"/> l.1.	<input type="checkbox"/> l.2.	Allocation regardless of service
<input type="checkbox"/> m.1.	<input type="checkbox"/> m.2.	Allocation provided if Hours of Service Requirement is met (Not available if a, b, h or i selected above)
<input type="checkbox"/> n.1.		Other: _____ MODIFICATION REQUIRING IRS SUBMISSION
	<input type="checkbox"/> n.2.	Other: _____ MODIFICATION REQUIRING IRS SUBMISSION (Not available if a, b, h or i selected above)

Participants Dying During the Plan Year

<input type="checkbox"/> o.1.	<input type="checkbox"/> o.2.	No special treatment
<input type="checkbox"/> p.1.	<input type="checkbox"/> p.2.	Allocation regardless of service
<input type="checkbox"/> q.1.	<input type="checkbox"/> q.2.	Allocation provided if Hours of Service Requirement is met (Not available if a, b, h or i selected above)
<input type="checkbox"/> r.1.		Other: _____ MODIFICATION REQUIRING IRS SUBMISSION
	<input type="checkbox"/> r.2.	Other: _____ MODIFICATION REQUIRING IRS SUBMISSION (Not available if a, b, h or i selected above)

Participants Becoming Disabled During the Plan Year

- s.1. s.2. No special treatment
- t.1. t.2. Allocation regardless of service
- u.1. u.2. Allocation provided if Hours of Service Requirement is met
(Not available if a, b, h or i selected above)
- v.1. Allocation for the Plan Year based on imputed Compensation for:
 - v.1.A. Only the Plan Year in which the Disability Occurred
 - v.1.B. Plan Year before reaching Normal Retirement Age
 - v.1.C. Plan Year before and including the Plan Year of Normal Retirement Age
 - v.1.D. Plan Year before reaching Early Retirement Age
 - v.1.E. Plan Year before and including the Plan Year of Early Retirement Age
 - v.1.F. Up to ___ Plan Years
 - v.1.G. Up to ___ years after date of Disability
(If you select item D.7.v.1, such allocations will be 100% vested)
 - v.1.H. Allocations based on imputed Compensation will be provided only to NHCEs
- w.1. Other: _____
 MODIFICATION REQUIRING IRS SUBMISSION
 Enter a description of the allocations to disabled participants (Section 2.3.7):

 MODIFICATION REQUIRING IRS SUBMISSION
- w.2. Other: _____
 MODIFICATION REQUIRING IRS SUBMISSION
 (w.1 and w.2 not available if a, b, h or i selected above)
- x. HEART Act Allocations (Section 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).

8. Eligibility to Share in Qualified Non-Elective and Qualified Matching Contributions (Sections 2.3.4(a) and 2.3.5(a))

- In order to share in the allocation of QNECs and QMACs, a Participant must meet the requirements below. (Select item a if applicable, and select one in each column for b - h)

- | <u>Qualified Non-Elective Contributions</u> | <u>Qualified Matching Contributions</u> | |
|---|---|--|
| <input type="checkbox"/> a.1. | <input type="checkbox"/> a.2. | The selection for items b - g below shall apply only to Non-Highly Compensated Participants during the Plan Year |
| <input type="checkbox"/> b.1. | | Any Participant during the Plan Year |
| <input type="checkbox"/> c.1. | <input type="checkbox"/> c.2. | A Participant who made Elective Deferrals during the Plan Year |
| <input type="checkbox"/> d.1. | | A Participant who was eligible to make Elective Deferrals during the Plan Year |
| <input type="checkbox"/> e.1. | <input type="checkbox"/> e.2. | A Participant employed on the last day of the Plan Year |
| <input type="checkbox"/> f.1. | <input type="checkbox"/> f.2. | A Participant who was eligible to receive a Non-Elective Contribution for the Plan Year |
| <input type="checkbox"/> g.1. | <input type="checkbox"/> g.2. | A Participant eligible to receive a Matching Contribution during the Plan Year |
| <input type="checkbox"/> h.1. | <input type="checkbox"/> h.2. | Other: _____

<i>MODIFICATION REQUIRING IRS SUBMISSION</i> |

9. Allocation Method of Non-Elective Contributions (Section 2.3.1(b)) - Each eligible Participant will receive a portion of the Non-Elective (Profit Sharing) contribution based on the allocation formula selected below:

(First select the type of allocation in the drop down box, then select the formula you wish to print in the document)

Omit if Non-Elective Contributions not provided by the Plan

Dollar Based Formulas

- a. Flat dollar amount per Plan Year equal to the Employer contribution divided by the number of Participants
- b. Flat dollar amount per Compensation Computation Period equal to the Employer contribution divided by the number of Participants
- c. \$ _____ per Participant
- d. \$ _____ per Hour of Service
- e. \$ _____ per Hour of Service up to a maximum of ____ hours

Non-Integrated Formulas

- g. Pro-rata on Compensation during the Plan Year
- h. Pro-rata on Compensation during the Compensation Computation Period
- i. _____% per Participant
- j. Age-Weighted: Allocation pro-rata on an annuity of 1% of Compensation payable at:
 - j.1 Normal Retirement Age
 - j.2 Social Security Retirement Age
 - j.3 Age: _____

Present value factors are based on:

j.4. Pre-retirement interest rate:

- j.4.A. 7.50%
- j.4.B. 8.00%
- j.4.C. 8.50%
- j.4.D. Other: _____% (Must be between 7.5% and 8.5%)

j.5. Post-retirement interest rate:

- j.5.A. 7.50%
- j.5.B. 8.00%
- j.5.C. 8.50%
- j.5.D. Other: _____% (Must be between 7.5% and 8.5%)

Use this notepad to enter any of the mortality tables listed in j.6.A through j.6.K based on the interest rate you entered in j.5.D. The Table in the Appendix is a MODIFICATION REQUIRING IRS SUBMISSION

j.6. Post-Retirement Mortality

- j.6.A. UP-84 (unisex)
- j.6.B. 71 IAM - male
- j.6.C. 71 IAM - female
- j.6.D. 71 GAM - male
- j.6.E. 71 GAM - female
- j.6.F. 83 IAM - male
- j.6.G. 83 IAM - female
- j.6.H. 83 GAM - male
- j.6.I. 83 GAM - female
- j.6.J. 83 GAM - blended 50/50
- j.6.K. 94 GAR (unisex)
- j.6.L. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION. Do not enter rates if already entered in item D.6.j.5.D above

k. Uniform points allocation formula where:

- k.1. The Employer 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 Eligibility Service
- k.6. _____ points for each Year of Eligibility Service at Normal Retirement Age (or current age if later)
For purposes of k.5-6., A Year of Eligibility Service means _____ Hours of Service in an Eligibility Computation Period
- k.7. _____ points for each \$ _____ of Compensation (not to exceed \$200)
- k.8. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

Limitations: *(Omit if no limitations)*

- k.9. Maximum number of points per Participant: _____
- k.10. Maximum Years of Eligibility Service: _____
- k.11. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

Class Allocated Formulas

- l. Pro-rata of Compensation by class during the Plan Year (Define Employee Classifications in question 26 below)
- m. A percentage of Compensation or a dollar amount based on the table below: *(Define Employee Classifications in question 26 below)* (Enter either a percentage or a dollar amount for each desired class)

<u>Employee Classification</u>	<u>Allocation Percentage</u>	<u>Dollar Amount</u>
A	____%	\$ ____
B	____%	\$ ____
C	____%	\$ ____
D	____%	\$ ____
E	____%	\$ ____
F	____%	\$ ____
G	____%	\$ ____
H	____%	\$ ____
I	____%	\$ ____
J	____%	\$ ____

n. Maximize class A based on the allocation to class B, where class A and B are defined as:

<u>Employee Classification</u>	<u>Description of Classification</u>
A	____ (preferred class)
B	____ (rank and file class)

- n.1. The initial allocation is ___% (e.g. 3%, 5%)
- n.2. And the increment to class B is ___% (e.g. .25%, 1%)

In performing the general test of IRC section 401(a)(4), the following assumptions will apply:

- n.3. Pre-Retirement interest rate: ___% (Must be 7.5% to 8.5%)
- n.4. Post-Retirement interest rate: ___% (Must be 7.5% to 8.5%)
- n.5. Post-retirement mortality table:

- n.5.A. UP-84 (unisex)
- n.5.B. 71 IAM - male
- n.5.C. 71 IAM - female
- n.5.D. 71 GAM - male
- n.5.E. 71 GAM - female
- n.5.F. 83 IAM - male
- n.5.G. 83 IAM - female
- n.5.H. 83 GAM - male
- n.5.I. 83 GAM - female
- n.5.J. 83 GAM - blended 50/50
- n.5.K. 94 GAR (unisex)

Does the Plan impute permitted disparity?

- n.6. Yes
- n.7. No
- o. Flat dollar amount per Plan Year equal to the Employer contribution to the class divided by the number of Participants in the class (*Define Employee Classifications in question 26 below*)
- q. A dollar amount equal to cents per hour the Participant worked, where the cents per hour worked is based on the table below: (*Define Employee Classifications in question 26 below*)

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

- r. Pro-rata on weighted Compensation during the Plan Year. Weights are listed by Participant name (*Choose r.1 or r.2*)

Residual Employer contributions allocated pro-rata on:

- r.1. Compensation
- r.2. Weighted Compensation

The list will be prepared and stored in the Employer's records on a permanent basis

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

- s. A percentage of Compensation or a dollar amount listed by Participant name

The list will be prepared and stored in the Employer's records on a permanent basis

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

Integrated Formulas

- u. 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 IRC section 401(l) is satisfied; any remaining contribution allocated pro-rata over Compensation
- v. Pro-rata over Compensation plus Compensation above the Integration Level, provided IRC section 401(l) satisfied; any remaining contribution allocated pro-rata over Compensation

If the Plan is top-heavy, the allocation formula:

- v.1. Remains the same (top-heavy minimums determined last)
- v.2. Changes to the formula in option u
- w. _____% (Base Contribution Percentage) of Compensation up to the Integration Level
PLUS
_____% (Excess Contribution Percentage) of Compensation in excess of the Integration Level
- x. Pro-rata over Compensation plus Compensation over the Integration Level, disregarding the constraints of Code section 401(l)
- y. Maximize allocations to Compensation above the Integration Level, disregarding the constraints of Code section 401(l)

y.1. The initial allocation is ____% (e.g. 3%, 5%)

y.2. And the increment below the Integration Level is ____% (e.g. .25%, 1%)

In performing the general test of Code section 401(a)(4), the following assumptions will apply:

y.3. Pre-Retirement interest rate: ____% (Must be 7.5% to 8.5%)

y.4. Post-Retirement interest rate: ____% (Must be 7.5% to 8.5%)

y.5. Post-retirement mortality table:

- y.5.A. UP-84 (unisex)
- y.5.B. 71 IAM - male
- y.5.C. 71 IAM - female
- y.5.D. 71 GAM - male
- y.5.E. 71 GAM - female
- y.5.F. 83 IAM - male
- y.5.G. 83 IAM - female
- y.5.H. 83 GAM - male
- y.5.I. 83 GAM - female
- y.5.J. 83 GAM - blended 50/50
- y.5.K. 94 GAR (unisex)

Does the Plan impute permitted disparity?

- y.6. Yes
- y.7. No

- z. Tiered formula: (*Super-Integrated*) (*Complete tier 1 and tier 6 and any middle tiers desired*)

- z.1. Tier 1 _____% of Compensation not in excess of \$ _____
- z.2. Tier 2 _____% of Compensation in excess of the amount in tier 1, but not in excess of \$ _____
- z.3. Tier 3 _____% of Compensation in excess of the amount in tier 2, but not in excess of \$ _____
- z.4. Tier 4 _____% of Compensation in excess of the amount in tier 3, but not in excess of \$ _____
- z.5. Tier 5 _____% of Compensation in excess of the amount in tier 4, but not in excess of \$ _____
- z.6. Tier 6 _____% of Compensation in excess of the amount in tier 5

(The last blank in each Tier is to be the excess Compensation)

The tiers will be applied:

- z.7. By allocating the Employer 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
- z.8. As stated (Money purchase type formula)

Age and Service Schedules

aa. A percentage of Compensation 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)

aa.1. Ages grouped in 10 year intervals:

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

aa.2. Ages grouped in 5 year intervals

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

aa.3. Other schedule based on age: *MODIFICATION REQUIRING IRS SUBMISSION*

<u>Attained Age</u>	<u>Percentage of Compensation</u>
Less than _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ to _____	_____ %
_____ or older	_____ %

bb. 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)

bb.1. Fifth year in second Credited Service range: (*Also select one of bb.1.A or bb.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	_____ %

bb.1.A. 25 or more _____ %

bb.1.B. 25 to 29 _____ %

30 to 34 _____ %

35 or more _____ %

- dd. Allocate Employer 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 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 dd.1 or dd.2)

<u>Years of Credited Service</u>	<u>ADDITIONAL Maximum Percentage of Compensation</u>
Less than 5	_____ %
5 or more	_____ %
10 or more	_____ %
15 or more	_____ %
20 or more	_____ %
<input type="checkbox"/> dd.1. 25 or more	_____ %
<input type="checkbox"/> dd.2. 25 or more	_____ %
30 or more	_____ %
35 or more	_____ %

- ee. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

The custom text formula is:

- ee.1. Not subject to integration rules
- ee.2. Subject to integration rules for performing the "general test" of Reg. 1.401(a)(4)-8
- ee.3. Subject to the integration rules of IRC section 401(l)

10. Minimum Top-Heavy Allocation (Section 2.3.6) - Minimum Top-Heavy Allocations will be satisfied:

- a. With an additional contribution

If formula 9.o is selected above (same 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. By satisfying top-heavy minimums and reallocating the remaining Employer contribution
- c. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

Eligibility for Top-Heavy Benefits (Section 2.6.1)

All Participants are eligible except: (May select both d and e or leave blank)

- d. Key Employees
- e. Employees covered by a collectively bargained agreement

11. Limits on Non-Elective Contributions (Section 2.3.1(b)) - Other than Minimum Top-Heavy Allocations and Maximum Permissible Annual Additions, the Plan imposes the following limits: (Select all applicable)

- a. No Plan imposed limits
- b. The minimum allocation for a Plan Year is:
 - b.1. \$ _____
 - b.2. _____ % of Compensation
- c. The maximum allocation for a Plan Year is:
 - c.1. \$ _____
 - c.2. _____ % of Compensation
- d. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

12. Elective Deferrals (Section 2.3.2)

- a. Bonuses (Section 2.3.2(a)) - A Participant's election to make salary deferrals applies to Plan Compensation (section C above):
 - a.1. Without adjustments
 - a.2. Except that bonuses are not included in the deferral election
 - a.3. Except that a Participant must make a separate election regarding any bonuses
 - a.4. Including bonuses made within 2-1/2 months after the plan year ends

- b. Catch-up Contributions (Section 2.3.2(c) and 2.3.3(b))
 - b.1. The Plan does not permit Catch-up Contributions
 - b.2. The Plan permits Catch-up Contributions after ___/___/___ (Enter date of 1/1/02 or later)
 - b.3. Catch-up Contributions will not be matched
 - b.4. Increase catch -up limit to 100% of Compensation.
(MODIFICATION REQUIRING SUBMISSION FOR RELIANCE)

- c. Roth Deferrals (Section 2.3.2(d) and 2.3.3(b))
 - c.1. The Plan does not permit Roth Deferrals
 - c.2. The Plan permits Roth Deferrals after ___/___/___ (Enter date of 1/1/06 or later)
 - c.3. Roth Deferrals permitted after ___/___/___ (Enter date of 1/1/06 or later)
A Participant's deferrals must be either all Roth or all pre-tax
 - c.4. Roth Deferrals will not be matched

13. Limits on Elective Deferrals (Section 2.3.2(a)) - The Plan imposes the following limits on a Participant's deferrals: Select all that apply; Leave blank if no restrictions on elective deferrals

- a. Elective Deferrals must be at least ___% of Compensation
- b. Elective Deferrals may not exceed ___% of Compensation
- c. Elective Deferrals must fall between ___% and ___% of Compensation
- d. Elective Deferrals for Highly Compensated Employees may not exceed ___% of Compensation
- e. Elective Deferrals must be at least \$___ per payroll period
- f. Elective Deferrals may not exceed \$___ per payroll period
- g. Elective Deferrals may not exceed \$_____ per Plan Year
- h. Elective Deferrals for Highly Compensated Employees may not exceed \$_____ per Plan Year
- i. Other: _____ (Plan)
_____ (SPD)

ANY MINIMUM OR MAXIMUM LIMITATIONS DESCRIBED HERE MUST CONFORM TO ALL OF THE PLAN'S CODA RESTRICTIONS AND RULES

14. Allocation Method of Matching Contributions (Section 2.3.3(b)) - Each eligible Participant will receive a portion of the Matching Contribution based on the allocation formula selected below: (Omit if no Matching Contribution provided)

Discretionary Formulas

- a. Pro-rata on Elective Deferrals during the Plan Year
- b. Percentage allocated proportionate to Elective Deferrals or levels of deferrals as determined by the Employer
- c. Pro-rata on Elective Deferrals during the Plan Year by Employee classification (Define Employee classifications in question 27 below)
- d. Percent of Elective Deferrals declared each year by Employee classification (Define Employee classifications in question 27 below)

Formulas Stated in the Document

- e. _____% of Elective Deferrals
- f. _____% of Elective Deferrals and _____% of Voluntary Employee Contributions
- g. A percentage of Elective Deferrals based upon Employee classification (*Define Employee classifications in question 27 below*)

<u>Employee Classification</u>	<u>Matching Percentage</u>
A	____%
B	____%
C	____%
D	____%
E	____%
F	____%
G	____%
H	____%
I	____%
J	____%

- h. Tiered Formula: (*Complete h.1, h.5, and any middle tiers desired*)
 - h.1. _____% of the first _____% of Compensation deferred
 - h.2. _____% of the next _____% of Compensation deferred
 - h.3. _____% of the next _____% of Compensation deferred
 - h.4. _____% of the next _____% of Compensation deferred
 - h.5. _____% thereafter
- i. Tiered Formula: (*Complete i.1, i.5, and any middle tiers desired*)
 - i.1. _____% of the first \$_____ of Compensation deferred
 - i.2. _____% of the next \$_____ of Compensation deferred
 - i.3. _____% of the next \$_____ of Compensation deferred
 - i.4. _____% of the next \$_____ of Compensation deferred
 - i.5. _____% thereafter
- j. Tiered Formula: (*Complete j.1, j.5, and any middle tiers desired*)
 - j.1. _____% of the first _____ Years of Credited Service
 - j.2. _____% of the next _____ Years of Credited Service
 - j.3. _____% of the next _____ Years of Credited Service
 - j.4. _____% of the next _____ Years of Credited Service
 - j.5. _____% thereafter
- k. A percentage based on the percentage of Compensation deferred
 - k.1. _____% if less than _____% of Compensation deferred
 - k.2. _____% if less than _____% of Compensation deferred
 - k.3. _____% if less than _____% of Compensation deferred
 - k.4. _____% if less than _____% of Compensation deferred
 - k.5. _____% if defer more
- l. A percentage based on the dollar amount deferred
 - l.1. _____% if less than \$_____ of Compensation deferred
 - l.2. _____% if less than \$_____ of Compensation deferred
 - l.3. _____% if less than \$_____ of Compensation deferred
 - l.4. _____% if less than \$_____ of Compensation deferred
 - l.5. _____% if defer more
- m. A percentage based on Credited Service
 - m.1. _____% if less than _____ Years of Credited Service
 - m.2. _____% if less than _____ Years of Credited Service
 - m.3. _____% if less than _____ Years of Credited Service
 - m.4. _____% if less than _____ Years of Credited Service
 - m.5. _____% if more Years of Credited Service
- n. Other: _____

MODIFICATION REQUIRING IRS SUBMISSION

15. Allocation of Supplemental Matching Contributions (Section 2.3.3(b)) - Each eligible Participant will receive a portion of any supplemental (discretionary) matching contributions equal to: (Only available if you selected either D.2.d or D.2.g)

- a. Pro-rata on Elective Deferrals
- b. Pro-rata on Matching Contributions
- c. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

16. Limits on Matching Contributions (Section 2.3.3(b)) - The Plan imposes the following limits on the allocation of Matching Contributions: Select either a, b, c, or d. You may also select b and c together

- a. No Plan imposed limits
- b. The maximum allocation is:
 - b.1. \$___ per Plan Year
 - b.2. ____% of Compensation per Plan Year *(For use with Plans that allocate Matching Contributions on an annual basis)*
 - b.3. ____% of Compensation per payroll period (no true-up)
 - b.4. ____% of Compensation per Plan Year. True-ups occur as of:
 - b.4.A. The last day of the Plan Year
 - b.4.B. Each Valuation Date
 - b.4.C. Each date that Matching Contributions are allocated
 - b.4.D. Each date that Elective Deferrals are made
- c. The maximum Elective Deferral that is matched is:
 - c.1. \$___
 - c.2. ____% of Compensation *(For use with Plans that allocate Matching Contributions on an annual basis)*
 - c.3. ____% of Compensation per payroll period (no true-up)
 - c.4. ____% of Compensation per Plan Year. True-ups occur as of:
 - c.4.A. The last day of the Plan Year
 - c.4.B. Each Valuation Date
 - c.4.C. Each date that Matching Contributions are allocated
 - c.4.D. Each date that Elective Deferrals are made
- d. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

17. Allocation of Qualified Non-Elective Contributions (Section 2.3.4(b)) - Each eligible Participant will receive a portion of the Qualified Non-Elective Contribution based on the allocation formula selected below:

- a. Pro-rata over Compensation
- b. Same dollar amount to each eligible Participant
- c. An amount necessary to satisfy the ADP or ACP test, beginning with the lowest paid Non-Highly Compensated Employees and allocated in a manner that complies with Treas. Reg. sections 1.401(k)-2(a)(6)(iv) or 1.401(m)-2(a)(6)(v).
Note: May only be used with Prior Year testing if allocated within 12 months of end of Prior Year
- d. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

18. Limits on Qualified Non-Elective Contributions (Section 2.3.4(b)) - The Plan imposes the following limits on the allocation of Qualified Non-Elective Contributions:
(A limit is highly recommended if D.17.c., D.17.d., or D.17.e. is selected.)

- a. No Plan imposed limits
 - b. The maximum limit is:
 - b.1. \$_____ per Plan Year
 - b.2. ____% of Compensation per Plan Year
 - b.3. Other maximum: _____
MODIFICATION REQUIRING IRS SUBMISSION
- Enter residual allocation method: _____

19. Allocation of Qualified Matching Contributions (Section 2.3.5(b)) - Each eligible Participant will receive a portion of the Qualified Matching Contribution based on the allocation formula selected below:

- a. Pro-rata over Compensation
- b. Same dollar amount to each eligible Participant
- c. Pro-rata over Elective Deferrals
- d. Pro-rata over Matching Contributions
- e. An amount necessary to satisfy the ADP or ACP test, beginning with the lowest paid Non-Highly Compensated Employees and allocated in a manner that complies with Treas. Reg. sections 1.401(k)-2(a)(6)(v) or 1.401(m)-2(a)(5)(ii).
Note: May only be used with Prior Year testing if allocated within 12 months of end of Prior Year
- f. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

20. Limits on Qualified Matching Contributions (Section 2.3.5(b)) - The Plan imposes the following limits on the allocation of Qualified Matching Contributions: (A limit is highly recommended if D.19.e., D.19.f., or D.19.g is selected.)

- a. No Plan imposed limits
- b. The maximum allocation is:
 - b.1. \$_____ per Plan Year
 - b.2. _____% of Compensation per Plan Year
 - b.3. Other maximum: _____
MODIFICATION REQUIRING IRS SUBMISSION
Enter residual allocation method: _____

21. Allocation Date for Non-Elective Contributions (Sections 2.2.1, 2.3.1(a), and 2.3.3(a)) - Non-Elective and Matching Contributions will be allocated to Participant Accounts as of:

- | <u>Non-Elective Contributions</u> | <u>Matching Contributions</u> |
|-----------------------------------|---|
| <input type="checkbox"/> a.1. | <input type="checkbox"/> a.2. Each Anniversary Date |
| <input type="checkbox"/> b.1. | <input type="checkbox"/> b.2. Each Valuation Date |
| <input type="checkbox"/> c.1. | <input type="checkbox"/> c.2. The last day of the Plan Year |
| <input type="checkbox"/> d.1. | <input type="checkbox"/> d.2. The last day of each six (6) month period (beginning with the first day of the Plan Year) |
| <input type="checkbox"/> e.1. | <input type="checkbox"/> e.2. The last day of each calendar quarter |
| <input type="checkbox"/> f.1. | <input type="checkbox"/> f.2. The last day of each three (3) month period (beginning with the first day of the Plan Year) |
| <input type="checkbox"/> g.1. | <input type="checkbox"/> g.2. The last day of each calendar month |
| <input type="checkbox"/> h.1. | <input type="checkbox"/> h.2. The last day of each pay period |
| <input type="checkbox"/> i.1. | <input type="checkbox"/> i.2. The last day of each Compensation Computation Period |
| <input type="checkbox"/> j.1. | <input type="checkbox"/> j.2. The date Elective Deferrals are made |
| <input type="checkbox"/> k.1. | Other: _____
<i>MODIFICATION REQUIRING IRS SUBMISSION</i> |
| | <input type="checkbox"/> k.2. Other: _____
<i>DATES MUST FALL WITHIN THE PLAN YEAR</i> |

22. Safe Harbor 401(k) Plans (Sections 2.8.1, 2.8.2, 2.8.3, and 2.8.4) - If the Plan is a Safe Harbor 401(k) Plan or maintains Accounts for Safe Harbor 401(k) contributions previously made, complete the following questions: (Omit if Plan is not or never was a Safe Harbor 401(k) Plan)

- a. Safe Harbor 401(k) Provisions are effective as of:
 - a.1. Plan Years beginning after: ____ (Enter the most recent date that the Plan had Safe Harbor status. Earliest date that can be entered is 1/1/99)
 - a.2. The short Plan Year from ____ to ____ and all Plan Years thereafter (Enter the most recent date that the Plan had Safe Harbor status. Earliest date that can be entered is 1/1/99)
 - a.3. Safe Harbor 401(k) Provisions were permitted before the Plan Year beginning: ____ but no longer are (If the Plan also included ACP Matching Contributions, you must also complete items f.2 and g below)

b. Eligible Employees: *Select all applicable. Must select one of b1, b2, b3, or b5*

ADP Safe Harbor Contributions

ACP Safe Harbor Contributions

- b.1.A.
- b.2.A.
- b.3.A.
- b.4.A.
- b.5.A.
- b.1.B. All Participants eligible to make Elective Deferrals
- b.2.B. Must be a Non-Highly Compensated Employee
- b.3.B. Must be a Non-Key Employee
- b.4.B. Exclude Participants who have not yet completed a Year of Eligibility Service 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
- Other: _____
MODIFICATION REQUIRING IRS SUBMISSION
(Cannot discriminate in favor of Highly Compensated Employees)
- b.5.B. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION
(Cannot discriminate in favor of Highly Compensated Employees)

c. ADP Safe Harbor Contribution - The Employer will make the following contribution to the Plan:
(Select either a Matching Contribution or a Nonelective Contribution)

- c.1. A Non-Elective Contribution equal to _____% of Compensation (must be at least 3%)
This contribution:
 - c.1.A. Will definitely be made until the Plan is amended to remove it
 - c.1.B. May be made for specified Plan Year if the Plan is amended to do so and proper notice is given
 This contribution will be made to:
 - c.1.C. This Plan
 - c.1.D. Another Plan of the Employer: Specify:

- c.2. A Matching Contribution equal to:
 - c.2.A. 100% of each Participant's Elective Deferrals up to 3% of Compensation plus 50% of the Elective Deferrals over 3% that do not exceed 5% (Basic Match)
 - c.2.B. 100% of each Participant's Elective Deferrals up to 4% of Compensation (Enhanced Match)
 - c.2.C. 150% of each Participant's Elective Deferrals up to 3% of Compensation (Enhanced Match)
 - c.2.D. _____% of each Participant's Elective Deferrals up to _____% of Compensation, PLUS _____% of the Elective Deferrals that exceed _____% of Compensation but do not exceed _____% of Compensation (First percentage must be at least 100% and the first greater than the third. The fourth percentage must be greater than the second, and if those percentages exceed 6%, the excess must pass the ACP Test) (Enhanced Match) Note: Formula must provide an aggregate match at least equal to the aggregate match provided by item c.2.A at any level of deferral)
 - c.2.E. _____% of each Participant's Elective Deferrals up to _____% of Compensation (First percentage must be at least 100% and the second must be at least 4%. If the second exceeds 6%, the excess must pass the ACP Test) (Enhanced Match)
 - c.2.F. Other: _____

d. Allocation Date for Safe Harbor Contributions: (Omit second column if no ACP Safe Harbor Contributions)

ADP Safe Harbor Contributions

ACP Safe Harbor Contributions

- d.1.A.
- d.2.A.
- d.3.A.
- d.4.A.
- d.5.A.
- d.1.B. Annually
- d.2.B. Quarterly
- d.3.B. Monthly
- d.4.B. Each payroll period
- Other: _____
MODIFICATION REQUIRING IRS SUBMISSION
- d.5.B. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

If a matching formula is used, True-Ups occur:

- d.6.A. d.6.B. No True-Ups
- d.7.A. d.7.B. True-up each month for that month only (not cumulative)
- d.8.A. d.8.B. True-up each quarter for that quarter only (not cumulative)
- d.9.A. d.9.B. True-up at the end of each Plan Year

Note: The Non-Elective Contribution listed in item 22.c.2 must be trued-up at the end of the Plan Year

e. Subject to Section 2.8.2(a), Compensation for purposes of the Safe Harbor portion of the Plan is:

- e.1. The Compensation definition selected in question C.1 applicable to Elective Deferrals
- e.2. Wages, tips and other compensation entered on Box 1 of Form W-2
- e.3. Code section 3401(a) compensation (compensation for FICA purposes)
- e.4. Code 415(c)(3) compensation (*Skip to items 22.e.12 - e.18*)

If you selected e.2 or e.3, complete the following to modify Compensation by including the following items: (Leave box unchecked to exclude)

- e.5. All of the deferrals listed below
- e.6. Section 125 deferrals (Cafeteria Plan)
- e.7. Section 132(f)(4) deferrals (Transportation costs)
- e.8. Section 402(e)(3) deferrals (401(k) and 403(b) deferrals)
- e.9. Section 402(h) deferrals (Simplified Employee Plans)
- e.10. Section 402(k)
- e.11. Section 457(b)
- e.12. Deemed Section 125 Compensation

If you selected e.4, complete the following to modify Compensation by excluding the following items: (Leave box unchecked to include)

- e.13. All of the deferrals listed below
- e.14. Section 125 deferrals (Cafeteria Plan)
- e.15. Section 132(f)(4) deferrals (Transportation costs)
- e.16. Section 402(e)(3) deferrals (401(k) and 403(b) deferrals)
- e.17. Section 402(h) deferrals (Simplified Employee Plans)
- e.18. Section 402(k)
- e.19. Section 457(b)
- e.20. Deemed Section 125 Compensation

For this purpose, a Participant's Compensation for the initial Plan Year of Participation shall be measured:

- e.21. From the Participant's Entry Date
- e.22. For the full Plan Year

Exclude Compensation that is: (No exclusions permitted for Code section 414(s) safe harbor compensation)

- e.23. Overtime
- e.24. Commissions
- e.25. Discretionary bonuses
- e.26. Bonuses
- e.27. Taxable employee benefits
- e.28. In excess of \$ _____ (Does not apply to Non-Highly Compensated Employees)
- e.29. Other exclusion - Specify: _____ (Cannot discriminate in favor of Highly Compensated Employees)

f. ACP Safe Harbor Matching Contributions - The Employer will make the following contribution to the Plan: (Select all applicable)

- f.1. No ACP Safe Harbor Matching Contributions
- f.2. ACP Safe Harbor Matching Contributions were permitted before the Plan Year beginning ___/___/___ (Complete Item g to specify the vesting schedule applicable to these contributions)
- f.3. A Matching Contribution equal to:
Note: Any matching contribution provided in question 14 is in addition to Safe Harbor matching contributions listed here
 - f.3.A. ___% of each Participant's Elective Deferrals up to ___% of Compensation
 - f.3.B. ___% of each Participant's Elective Deferrals up to ___% of Compensation, PLUS ___% of the Elective Deferrals that exceed ___% of Compensation but do not exceed ___% of Compensation (First percentage must be greater than the third. Second and fourth percentages cannot exceed 6% and the fourth must be greater than the second) (Other Enhanced Match)
 - f.3.C. Other: _____
- f.4. The Employer may make a discretionary Matching Contribution (Select only this option or combine it with a selection in f.3) (*This discretionary Match cannot consider Elective Deferrals in excess of 6% of Compensation and the total discretionary Match cannot exceed 4% of Compensation*)

g. The vesting schedule applied to ACP Safe Harbor Contributions is:

- g.1. The same vesting schedule selected in question E.4
- g.2. Vest at the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year)
- g.3. 100% vested after the completion of ___ Years of Vesting Service (Cannot exceed 3)
- g.4. 100% vested at all times
- g.5. 100% vested if any of the following occurs while the Participant is still employed: (Must select another alternative)
 - g.5.A. Attainment of Early Retirement Age
 - g.5.B. Death
 - g.5.C. Disability
- g.6. Other: *Must be at least as favorable as one of the above*

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%

Top-Heavy Vesting Schedule - If the Plan is Top-Heavy, the vesting schedule shall be:

- g.7. Same as the non-Top-Heavy vesting schedule above (Must be at least as favorable as g.8 or g.9 below)
- g.8. Vest at the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year)
- g.9. 100% vested after the completion of ___ Years of Vesting Service (Cannot exceed 3)
- g.10. 100% vested at all times
- g.11. 100% vested if any of the following occurs while the Participant is still employed: (Must select another alternative)
 - g.11.A Attainment of Early Retirement Age
 - g.11.B Death
 - g.11.C Disability
- g.12. Other: (*Must be at least as favorable as g.8 or g.9*)

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%

23. Simple 401(k) Plans (Sections 2.9.1 and 2.9.4) - If the Plan intends to be a SIMPLE Plan, then the selections above do not apply. Complete the following questions: *(Omit if Plan is not a SIMPLE Plan)*

SIMPLE 401(k) PROVISIONS ONLY AVAILABLE TO AN EMPLOYER IF: 1) THE PLAN YEAR IS A CALENDAR YEAR; AND 2) THE EMPLOYER HAS 100 OR LESS EMPLOYEES WHO EARN AT LEAST \$5,000 PER YEAR.

- a. SIMPLE Provisions are effective for Plan Years beginning on or after: ___/___/___ (Enter the first day of a Plan Year. Earliest date that can be entered is 1/1/97)
- b. The Employer will make the following contribution to the Plan:
 - b.1. A Matching Contribution equal to 100% of each Participant's Elective Deferral up to 3% of Compensation
 - b.2. A Non-Elective Contribution equal to 2% of each Eligible Employee's compensation for the Plan Year, if the Employee earned at least \$_____ (Dollar amount cannot exceed \$5,000)
- c. The Plan previously adopted SIMPLE provisions, but that status is revoked as of January 1, _____
 Note: An amendment revoking SIMPLE status must be adopted before the effective date

24. Integration Level (Sections 2.3.1(b) and 2.3.11) - If the allocation formula selected is integrated, the integration level is: *(Omit if formula not integrated)*

Integration levels that automatically satisfy Code section 401(l)

- a. The Taxable Wage Base under the Social Security Act
- b. The lesser of \$_____ or 20% of the Taxable Wage Base under the Social Security Act
- c. The lesser of \$_____ or 80% of the Taxable Wage Base under the Social Security Act
- d. The lesser of \$_____ or the Taxable Wage Base under the Social Security Act (the amount must exceed 80% of the Taxable Wage Base)
- e. _____% of the Taxable Wage Base under the Social Security Act (not to exceed 100%)
- f. 80% of the Taxable Wage Base under the Social Security Act plus \$_____ (not to exceed \$1,000)
- g. _____% of the Taxable Wage Base of the Social Security Act rounded up to the next \$_____
 (First blank not to exceed 100%, second blank not to exceed \$3,000)

Integration levels that do not automatically satisfy Code section 401(l)

- h. \$_____
- i. _____% of the Taxable Wage Base under the Social Security Act
- j. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

If h through j is selected, is the Plan subject to Code section 401(l)?

- k. Yes
 - k.1. 5.7%
 - k.2. 5.4%
 - k.3. 4.3%
 - k.4. Other: _____

Note: This percentage cannot exceed 5.7%, and IRC section 401(l) may require a lower number
- l. No

25. Years of Credited Service - If the Non-Elective or Matching allocation is based on Years of Credited Service, the period used is:

- a. The Plan Year
- b. The Employee's Eligibility Computation Period
- c. The 12-month period ending on the employment anniversary date
- d. The calendar year ending with or within the Plan Year

A Year of Credited Service is granted for each year in which the Employee earns:

- e. _____ Hours of Service (not to exceed 1000)
- f. _____ Hours of Service, pro-rata year given if less than specified hours (Not to exceed 2000)
- g. _____ 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)
- h. Elapsed Time Method
- i. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

Years of Credited Service are granted for: This Question results in a MODIFICATION REQUIRING IRS SUBMISSION if you select either Formula bb or dd

- j. Years while a Participant
- k. All years with the Employer

26. Employee Classifications (Section 2.3.1) - If the Plan allocates Non-Elective Contributions based on Employee classifications, define the classifications below:

<u>Employee Classification</u>	<u>Description of Classification</u>
A	_____
B	_____
C	_____
D	_____
E	_____
F	_____
G	_____
H	_____
I	_____
J	_____

27. Employee Classifications (Section 2.3.3) - If the Plan allocates Matching Contributions based on Employee classifications, define the classifications below:

<u>Employee Classification</u>	<u>Description of Classification</u>
A	_____
B	_____
C	_____
D	_____
E	_____
F	_____
G	_____
H	_____
I	_____
J	_____

E. Vesting Provisions

Unless otherwise specified, select only one option to each question below.

1. Year of Vesting Service - The period used to determine a Year of Vesting Service is:

- a. The Plan Year.
- b. The Employee's Eligibility Computation Period.
- c. The 12-month period ending on the employment anniversary date.
- d. The calendar year ending with or within the Plan Year.

A Year of Vesting Service is granted for each year in which the Employee earns:

- e. _____ Hours of Service (not to exceed 1000 hours).
- f. _____ Hours of Service (not to exceed 1000 hours), pro-rata year given if less than specified hours.
- g. Elapsed Time Method.

2. Excluded Years (Section 2.4.5) - All years of Vesting service are included except: *(Omit if all years included. If a selected, may also select b or c)*

- a. Exclude Years of Vesting Service prior to age 18.
- b. Exclude Years of Vesting Service prior to the original effective date of this Plan.
- c. Exclude Years of Vesting Service prior to the original effective date of a predecessor plan.
Effective date of predecessor plan: ___/___/___

3. Vesting Schedule for Non-Elective (Profit Sharing) Accounts (Section 2.4.1) - *Select one option under each category below: (Omit this question if no Non-Elective (Profit Sharing) Contributions are made to the Plan.)*

Early Retirement - A Participant who reached Early Retirement Age shall:

- a. Vest according to the schedule for terminated Participants.
- b. Be 100% vested.

Disability - A Participant who terminates employment due to Disability under the terms of the Plan shall:

- c. Vest according to the schedule for terminated Participants.
- d. Be 100% vested.
- e. Continue to earn Vesting Service as though he was still employed.

Death - A Participant who dies while actively employed shall:

- f. Vest according to the schedule for terminated Participants.
- g. Be 100% vested.

Termination Due to Resignation or Discharge - A Participant who terminates employment for reasons other than those listed above shall:

- h. Vest at the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year).
- i. Be 100% vested after ___ Years of Vesting Service (not to exceed 3).
- j. 100% vested upon participation.
- k. Other: *Must be at least as favorable as one of the above*

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or More	100%

Alternate Vesting Schedule - Enter any special vesting schedules that apply, for example, to specific allocations or certain employee groups: *(Omit if only one vesting schedule)*

- l. Custom text: _____
MODIFICATION REQUIRING IRS SUBMISSION

Prior Vesting Schedule - If the Plan had a prior vesting schedule, enter it below: *(Omit if no prior vesting schedule.)*

- m. Effective date of new schedule: ___/___/___

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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	_____
7 or More	100%

- n. Change from 7-year graded schedule prospective beginning January 1, 2007.

4. Top-Heavy Vesting Schedule (Section 2.6.1) - If the Plan is Top-Heavy, the vesting schedule for Non-Elective Contributions shall be:

- a. Same as the non-Top-Heavy vesting schedule selected in item E.3.h.-l. (Must be at least as favorable as b or c below.)
- b. At a rate of 20% each year after 2 Years of Vesting Service (20% vested in second year).
- c. 100% vested after 3 Years of Vesting Service.
- d. Other: (Must be at least as favorable as b. or c.)

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%

5. Vesting Schedule for Matching Accounts (Section 2.4.3) - Select one option under each category below: *(Omit this question if no Matching Contributions are made to the Plan)*

Early Retirement - A Participant who reached Early Retirement Age shall:

- a. Vest according to the schedule for terminated Participants.
- b. Be 100% vested.

Disability - A Participant who terminates employment due to Disability under the terms of the Plan shall:

- c. Vest according to the schedule for terminated Participants.
- d. Be 100% vested.
- e. Continue to earn Vesting Service as though he was still employed.

Death - A Participant who dies while actively employed shall:

- f. Vest according to the schedule for terminated Participants.
- g. Be 100% vested.

Termination Due to Resignation or Discharge - A Participant who terminates employment for reasons other than those listed above shall:

- h. Vest at the rate of 20% each year after 2 Years of Vesting Service (20% vested in second year).
- i. Be 100% vested after ___ Years of Vesting Service (not to exceed 3).
- j. 100% vested upon participation.
- k. Other: *Must be at least as favorable as one of the above*

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%

Alternate Vesting Schedule - Enter any special vesting schedules that apply, for example, to specific allocations or certain employee groups: *(Omit if only one vesting schedule)*

- l. Custom text: _____
MODIFICATION REQUIRING IRS SUBMISSION

Prior Vesting Schedule - If the Plan had a prior vesting schedule, enter it below: *(Omit if no prior vesting schedule)*

- m. Effective date of new schedule: _____

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%

6. Vesting Schedule Applicable to Transferred Assets (Section 2.4.4)

- a. If the Plan holds assets that were transferred from another plan and are subject to a different vesting schedule than selected above, complete the following:
- b. Name of plan that transferred assets to this Plan:

Insert the applicable vesting schedule:

b.1 Employer Non-Elective Account:

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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	_____
7 or More	100%

b.2 Employer Matching Account:

<u>Year(s) of Vesting Service</u>	<u>Percent Vested</u>
Less than 1	_____
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 or more	100%_____

For transfers occurring after December 31, 2007, complete the above only if the other plan's vesting schedule provides greater vesting than the vesting schedule listed above.

7. Reemployment (Section 2.4.6) - Is Vesting Service earned after 5 consecutive Breaks in Vesting Service used to vest Account Balances before the 5 Breaks in Service?

- a. Yes.
- b. No.

8. Forfeitures (Section 2.4.8) - Forfeitures are determined as of:

- a. The last day of the Plan Year in which the Participant's entire vested interest is distributed.
- b. The last day of the Plan Year in which the 5th consecutive Break in Service occurs.
- c. The Valuation Date coincident with or next following each distribution (partial distributions permitted).
- d. The last day of the Plan Year in which the earlier of the Participant's entire interest is distributed or the 5th consecutive Break in Service occurs.
- e. The last day of the Plan Year in which the later of the Participant's entire interest is distributed or the 5th consecutive Break in Service occurs.
- f. The last day of the Plan Year in which the Participant incurs a Break in Service and receives a distribution of his entire vested account.
- g. The last day of the Plan Year in which the Participant severs employment and receives a distribution of his entire vested account.
- h. The last day of the Plan Year following the Plan Year in which the Participant severs employment and receives a distribution of his entire vested account.
- i. The date the Participant severs employment and receives a distribution of his entire vested account.
- j. The last day of the Plan Year in which the associated vested portion of the Participant's Employer Account is distributed, but no later than the last day of the Plan Year of the 5th consecutive Break in Service.
- k. The last day of the Plan Year in which the associated vested portion of the Participant's Employer Account is distributed.
- l. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

Forfeitures occur: (select one)

- m. after the entire vested interest is distributed.
- n. pro-rata as the vested interest is distributed (must select if c., j. or k. selected. optional for i.)

Deemed distributions to non-vested Participants occur as of:

- o. The date of termination.
- p. The last day of the Plan Year in which the Participant terminates employment.
- q. The Valuation Date next following the Participant's date of termination.
- r. The last day of the Plan Year following the Plan Year in which the Participant terminates employment.
- s. Other: _____
DATE MUST BE ON OR AFTER DATE OF TERMINATION BUT NO LATER THAN (5) BREAKS IN SERVICE.
This option is not considered a modification to the specimen document.

Modification to above: (Select if applicable)

- t. No Forfeitures shall occur if the Participant is entitled to an allocation of Forfeitures.
- u. No Forfeiture shall occur until Participant incurs a Break in Service. (Not available if b, d, e, f, or h selected above.)

9. Forfeitures (Section 2.3.8) - Shall be used to: *(Select all applicable. Must select c. or d.)*

- | <u>Non-Elective Forfeitures</u> | <u>Matching Forfeitures</u> | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> a.1. | <input type="checkbox"/> a.2. | Restore forfeited account balances of rehires who return their distributions. |
| <input type="checkbox"/> b.1. | <input type="checkbox"/> b.2. | Reduce administrative expenses of the Plan. |
| <input type="checkbox"/> c.1. | <input type="checkbox"/> c.2. | Reduce Employer Contributions, at the discretion of the Plan Administrator. |
| <input type="checkbox"/> d.1. | <input type="checkbox"/> d.2. | Supplement Employer Contributions, at the discretion of the Plan Administrator |

Forfeitures shall be applied as of:

- e. Each Valuation Date.
- f. Each Anniversary Date.
- g. The date Non-Elective Contributions are allocated.
- h. The date Matching Contributions are allocated.
- i. The date Non-Elective Contributions and Matching Contributions are allocated

Forfeitures to be applied were recognized:

- j. During the Plan Year.
- k. During the prior 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.

OMIT THE FOLLOWING QUESTIONS UNLESS FORFEITURES ARE ALLOCATED TO PARTICIPANTS (item 9.d.1. or item 9.d.2.).

10. Requirement to Share in Allocation of Forfeitures (Section 2.3.8) - Participants are eligible to receive an allocation of Forfeitures if:

- | <u>Non-Elective Forfeitures</u> | <u>Matching Forfeitures</u> | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> a.1. | | Eligible to receive an allocation of the Non-Elective Contributions. |
| | <input type="checkbox"/> a.2. | Eligible to receive an allocation of the Matching Contributions. |
| <input type="checkbox"/> b.1. | <input type="checkbox"/> b.2. | A Participant and employed on the date the Forfeiture is recognized. THIS OPTION CREATES A SEPARATE BENEFIT STRUCTURE THAT MUST INDEPENDENTLY PASS CODE SECTION 401(a)(4). |
| <input type="checkbox"/> c.1. | <input type="checkbox"/> c.2. | Employed on the Allocation Date. |

Participants are also eligible in the Plan Year of: (omit if a selected above)

- d.1. d.2. Death.
- e.1. e.2. Retirement.
- f.1. f.2. Disability.

11. Allocation of Forfeitures of Non-Elective Contributions (Section 2.3.8) - Forfeitures are allocated

- a. In the same manner as the Employer Contribution.
- b. In proportion to each Participant's Compensation for the Plan Year.
- c. In proportion to each eligible Participant's Compensation for the Compensation Computation Period
- d. By allocating the same dollar amount to each eligible Participant

12. Allocation of Forfeitures of Matching Contributions (Section 2.3.8) - Forfeitures are allocated

- a. In the same manner as the Matching Contribution.
- b. In proportion to each eligible Participant's Elective Deferrals for the Plan Year.
- c. In proportion to each eligible Participant's Elective Deferrals for the Compensation Computation Period.
- d. In proportion to each eligible Participant's Matching Contribution for the Plan Year.
- e. In proportion to each eligible Participant's Matching Contribution for the Compensation Computation Period.

F. Distribution Provisions

Unless otherwise specified, select only one option to each question below.

1. Methods of Distribution (Section 2.5.7) - (Select all applicable.)

- a. Lump sum distribution.
- b. Installment payments paid:
- b.1. Over ____ years payable on an annual, quarterly, or monthly basis.
- b.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.
- b.3. Other: _____
(MODIFICATION REQUIRING IRS SUBMISSION)
- c. An annuity (If this option is selected, must include the joint and survivor annuity.)
- c.1. Life annuity.
- c.2. Joint and Survivor Annuity.
- c.3. Life Annuity with Term Certain.
- c.4. Other: _____
MAY ONLY ENTER AN ANNUITY OR AN ANNUITY COMBINED WITH A LUMP SUM
MODIFICATION REQUIRING IRS SUBMISSION
- d. Minimum Distributable Amount (Section 2.5.11) - The Plan will provide the lesser of the Account Balance or \$ _____ (Amount cannot exceed \$100.) to a Participant with no vested balance
- e. Effective Date of non-spouse Beneficiary direct transfer/rollover ____/____/____ (December 31, 2010 or earlier.)
- f. Partial non-periodic distribution. Ad hoc distributions at the times and in the amounts requested by the Participant or Beneficiary.
MODIFICATION REQUIRING IRS SUBMISSION
- f.1. Without regard to amount
- f.2. With the amount of any distribution to be at least \$ _____ (\$200 or less) or the total remaining distributable benefit, if less

2. Mandatory Cash Out Provisions (Section 2.5.7(d)) - (Omit a and b if Plan does not force cash outs; always answer c)

- a. The Plan will distribute a Participant's vested Account Balance without consent if it does not exceed \$ _____ (\$5,000 or less) (Note: To avoid the automatic rollover requirement, enter \$1,000.)
The distribution will occur:
- a.1. As soon as administratively feasible.
- a.2. As soon as administratively feasible after the next Valuation Date.
- a.3. As soon as administratively feasible after the last day of the Plan Year.
- a.4. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION
- b. If selected, calculation of the above value will exclude the Participant's rollover contributions.
(Complete items b.1. and b.2.)
- b.1. This selection will apply to distributions made on or after: ____/____/____ (Cannot be earlier than 1/1/02.)
- b.2. With respect to Participants who separate from service after: ____/____/____ (This date can be earlier than 12/31/01) (Warning: Exclusion of rollovers could trigger automatic rollover provisions if the Participant's total balance exceeds \$1,000.)
- c. The default form of distribution is an automatic rollover of account balances in excess of \$ _____ (\$1,000 or less). (Note: Entry of a number less than \$1,000 means the Plan is voluntarily applying the automatic rollover rules.)

3. Qualified Joint and Survivor Annuity Percentage - If a Qualified Joint and Survivor Annuity is payable, the survivor percentage shall equal:

- a. 50%
- b. 66.67%
- c. 75%
- d. 100%
- e. ____% (May not be less than 50% or greater than 100%)
- f. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

4. Distribution Determination Date (Section 2.5.5) - The value of a Participant's vested Account Balance shall be determined as of:

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

Termination of Employment Prior to Death, Disability, or Retirement

- a. The last day of the Plan Year coinciding with or next following the date of termination.
- b. The Valuation Date coinciding with or next following the date of termination.
- c. The Valuation Date coinciding with or immediately preceding the date of termination.
- d. As soon as administratively feasible following the date of termination, based on the preceding Valuation Date.
- e. The ___ Date following ___ consecutive Breaks in Service.
- f. The Valuation Date preceding the Participant's Normal or Early Retirement Date.
- g. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

Termination as a Result of Death, Disability, or Retirement

- h. The last day of the Plan Year coinciding with or next following the date of termination.
- i. The Valuation Date coinciding with or next following the date of termination.
- j. The Valuation Date coinciding with or immediately preceding the date of termination.
- k. As soon as administratively feasible following the date of termination, based on the preceding Valuation Date.
- l. The ___ Date following ___ consecutive Breaks in Service.
- m. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

Participant's Voluntary Account, Deductible Voluntary Account, or Rollover Account

- n. The last day of the Plan Year coinciding with or next following the date of termination.
- o. The Valuation Date coinciding with or next following the date of termination.
- p. The Valuation Date coinciding with or immediately preceding the date of termination.
- q. As soon as administratively feasible following the date of termination, based on the preceding Valuation Date.
- r. The ___ Date following ___ consecutive Breaks in Service.
- s. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

5. Time of Distribution (Sections 2.5.2 and 2.5.6) - Distributions to Participants who resign or are discharged prior to 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.
- d. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

Distributions to Participants whose employment terminates due to death, Disability, or retirement shall be:

- e. Made within a reasonable period following the Distribution Determination Date.
- f. Made within a reasonable period following the Anniversary Date.
- g. Other: _____
MODIFICATION REQUIRING IRS SUBMISSION

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

- h. No Restriction.
- i. \$ _____

6. Distributions Between Valuation Dates (Section 2.5.5(e)) - If a distribution occurs between Valuation Dates, earnings will be credited to:

- a. The immediately preceding Valuation Date.
- b. The actual date of distribution.

7. In Service Distributions (Section 2.5.12)

- a. No In Service Distributions are permitted.

If you did not select item a, complete EITHER item b OR items c, d, AND e

- b. If the Participant has attained age 59-1/2, In Service Distributions of the following contributions are permitted:
 - b.1. All Accounts.
 - b.2. Elective Deferrals but not Roth Deferrals.
 - b.3. Elective Deferrals including Roth Deferrals.
 - b.4. ADP Test Safe Harbor Contributions.
 - b.5. Qualified Non-Elective Contributions.
 - b.6. Qualified Matching Contributions. (Matching Contributions used in ADP Test.)
 - b.7. Non-Elective Contributions.
 - b.8. Matching Contributions (except Qualified Matching Contributions.)
 - b.9. ACP Test Safe Harbor Matching Contributions.
 - b.10. Rollovers.
 - b.11. Voluntary Contributions.

If you selected item b., you are finished with this part. Otherwise, complete items c., d., and e.

- c. Elective Deferrals, ADP Test Safe Harbor Contributions, Qualified Non-Elective Contributions, and Qualified Matching Contributions (Matching Contributions used in ADP Test)
 - c.1. No In Service Distribution of these contributions is permitted.

In Service Distributions of the following contributions are permitted (select at least one):

- c.2. Elective Account including his Roth Deferral Account.
- c.3. Elective Account excluding his Roth Deferral Account.
- c.4. ADP Test Safe Harbor Contributions.
- c.5. Qualified Non-Elective Contributions.
- c.6. Qualified Matching Contributions. (Matching Contributions used in ADP Test.)

On the following conditions (choose those in c.7 and c.8 that apply):

c.7. Age (MUST choose one):

- c.7.A. Normal Retirement Age (*plan language specifies age 59-1/2 if NRA is less*).
- c.7.B. Early Retirement Age (*plan language specifies age 59-1/2 if ERA is less*).
- c.7.C. Age ____ (*must be at least 59-1/2*).

c.8. Other conditions (choose one):

- c.8.A. No other conditions.
- c.8.B. The amount has been in the Participant's Account for ____ years.
- c.8.C. The Employee has been a Participant for ____ Plan Years.
- c.8.D. The amount has been in the Participant's Account for ____ years OR the Employee has been a Participant for ____ Plan Years.
- c.8.E. The amount has been in the Participant's Account for ____ years AND the Employee has been a Participant for ____ Plan Years.

- d. Non-Elective Contributions, Matching Contributions (except Qualified Matching Contributions), and ACP Test Safe Harbor Matching Contributions.

- d.1. No In Service Distribution of these contributions is permitted.

In Service Distributions of the following contributions are permitted: (select at least one):

- d.2. All contributions listed below:
- d.3. Non-Elective Contributions
- d.4. Matching Contributions (except Qualified Matching Contributions)
- d.5. ACP Test Safe Harbor Matching Contributions

On the following conditions (choose those that apply, if you want to write your own, skip to d.10):

- d.6. Must the Participant be fully vested in all Plan accounts to receive a In-Service distribution from the accounts listed in d.3. through d.5.?
 - d.6.A. No.
 - d.6.B. Yes.

Must make at least one selection from d.8. or d.9., or d.10.

- d.7. If you make more than one selection in items d.8 and d.9, then select one of the following:
 - d.7.A. The participant must satisfy any one of the selected restrictions to be eligible for a distribution.
 - d.7.B. The participant must satisfy all of the selected restrictions to be eligible for a distribution.

- d.8. Age (choose one, IF you want an age restriction to apply):

- d.8.A. Normal Retirement Age
- d.8.B. Early Retirement Age
- d.8.C. Age ____

- d.9. Other alternative restrictions (choose any that apply):

- d.9.A. The amount has been in the Participant's Account for ____ years (must be at least 2 years)
- d.9.B. The Employee has been a Participant for ____ Plan Years (must be at least 5 years)

- d.10. Other: _____
(MUST PREPARE ALL OF SECTION 2.5.12(b); MODIFICATION REQUIRING IRS SUBMISSION)

- e. Rollovers and Voluntary Contributions

- e.1. No In Service Distribution of these items is permitted

In Service Distributions of the following contributions are permitted (select at least one):

- e.2. Voluntary Contributions
- e.3. Rollovers
- e.4. Roth Rollover Account.
- e.5. but not his Roth Rollover Account

Conditions (select one):

- e.6. None; a participant may request distribution of these items at any time.
- e.7. The participant must attain the following age (select one):
 - e.7.A. Normal Retirement Age.
 - e.7.B. Early Retirement Age.
 - e.7.C. Age ____

8. Roth Conversions In-service distributions are permitted as indicated below.

- a. In-Plan Roth conversions not permitted.
- b. Roth Conversion permitted.
- c. In-service distributions are permitted solely for the purpose of In-Plan Roth Conversion.
- d. Roth Conversions limited to the following accounts:
 - d.1. All Accounts.
 - d.2. Elective Deferrals (after age 59-1/2).
 - d.3. Non-Elective Contributions (profit sharing).
 - d.4. ADP Safe Harbor Contributions (after age 59-1/2).
 - d.5. ACP Safe Harbor Contributions (after age 59-1/2).
 - d.6. Matching Contributions.
 - d.7. Qualified Matching Contributions (after age 59-1/2).
 - d.8. Qualified Non-Elective Contributions (after age 59-1/2).
 - d.9. Rollovers.

9. Hardship Distribution (Section 2.5.13)

- a. No Hardship distributions are permitted
- If you did not select item a., complete items b., c., and d.
- b. Elective Deferrals.

- b.1. No hardship distribution of Elective Deferrals is permitted.

Roth Deferrals:

- b.2. Roth Deferrals included
- b.3. Distribution of Roth Deferrals not permitted.

Maximum Amount (choose one):

- b.4. The Participant's total Elective Deferrals.
- b.5. Elective Deferrals 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.)
- b.6. Including Roth Deferrals.
- b.7. Roth Deferrals not included.

- c. Non-Elective Contributions, Matching Contributions (except Qualified Matching Contributions), and ACP Test Safe Harbor Matching Contributions.

- c.1. No Hardship distribution of these contributions is permitted.

Hardship Distributions of the following contributions are permitted: (must select at least one):

- c.2. All contributions listed below.
- c.3. Non-Elective Contributions.
- c.4. Matching Contributions (except Qualified Matching Contributions).
- c.5. ACP Test Safe Harbor Matching Contributions.

Vesting (choose one):

- c.6. Partially vested.
- c.7. Fully vested.
- c.8. Other: _____

- d. Rollovers and Voluntary Contributions

- d.1. No hardship distribution of these items is permitted.

Hardship distributions of the following contributions are permitted (must select at least one):

- d.2. Voluntary Contributions.
- d.3. Rollovers

Hardship criteria (choose one):

- d.4. The stated deemed hardship standards of Reg. 1.401(k)-1(d)(2)(iv) (the 6 criteria)
- d.5. Other: _____

(MODIFICATION REQUIRING IRS SUBMISSION)

10. Qualified Domestic Relations Orders (Section 3.12.9) - Distributions are permitted to Alternate Payees:

- a. Immediately.
- b. When the Participant attains "earliest retirement age" or terminates employment.

11. Required Minimum Distributions (Section 2.5.4)

Required Beginning Date for Participants other than 5% Owners:

- a. The April 1st following the calendar year in which age 70-1/2 is attained.
- b. The April 1st of the calendar year in which the later of attainment of 70-1/2 or retirement occurs.

Warning: If the Plan was in existence before the creation of this Plan document, the choice between items F11.a. or b. must be the same as the selection previously made.

- c. If selected, Participants or Beneficiaries may elect to apply the 5-year rule to distributions regarding a Participant who dies before distributions begin

SAMPLE

G. Other Administrative Provisions

Unless otherwise specified, select only one option to each question below.

1. **Loans (Sections 3.8.1 and 3.8.5)** - The Plan may permit loans to Participants in accordance with the loan program:
- a. Loans not permitted.
 - b. Loans permitted and loan repayments during Qualified Military Service.
 - b.1. Are suspended in accordance with IRC section 414(u).
 - b.2. Continue as specified in the repayment schedule.
2. **Portability (Section 3.12.4)** The Trustee will accept the following assets as rollover contributions to the Plan: (Select a., b., c., d., or both c. and d.)
- a. Rollover contributions not permitted.
 - b. Rollover contributions permitted only if from another plan of the Employer.
 - b.1. Will not accept Roth Rollovers.
 - b.2. Will accept Roth Rollovers.
 - c. Direct Rollover permitted of Eligible Rollover Distribution from: (Select all applicable)
 - c.1. A qualified plan described in IRC sections 401(a) or 403(a), excluding after-tax contributions.
 - c.2. A qualified plan described in IRC sections 401(a) or 403(a), including after-tax contributions.
 - c.3. An annuity contract described in Section 403(b), but excluding after-tax contributions.
 - c.4. An eligible plan under Code section 457(b) maintained by a state, political subdivision, or any agency or instrumentality of a state or political subdivision of a state.
 - c.5. Will accept Roth Rollovers.
 - d. Participant rollover permitted of an Eligible Rollover Distribution from: (Select all applicable.)
 - d.1. A qualified plan described in IRC sections 401(a) or 403(a), excluding after-tax contributions.
 - d.2. An annuity contract described in Section 403(b), but excluding after-tax contributions.
 - d.3. An eligible plan under Code section 457(b) maintained by a state, political subdivision, or any agency or instrumentality of a state or political subdivision of a state.
 - d.4. An Individual Retirement Account or Annuity described in Code sections 408(a) or (b) that is eligible to be rolled over and would otherwise be includible in gross income.
 - e. Rollovers of:
 - e.1. In-kind assets not permitted.
 - e.2. In-kind assets not permitted except for Participant loans.
 - e.3. In-kind assets permitted.
 - e.4. In-kind assets permitted except for Participant loans.
 - e.5. In-kind assets, including Participant loans, permitted only if from another plan of the Employer

Rollovers are permitted with respect to:

 - e.6. Participants only.
 - e.7. Any Employee who is not in an excluded class.
3. **Life Insurance Authorization (Sections 3.7.1 and 3.7.3)** - The Trustee may purchase life insurance if so directed
- a. No Life Insurance Policies permitted.
 - b. No Life Insurance Policies permitted after ___/___/____. Policies in effect shall be:
 - b.1. Surrendered.
 - b.2. Converted to paid up policies.
 - b.3. Sold to the Participant or another person.
 - c. Life insurance permitted and coverage ends at:
 - c.1. Normal Retirement Date.
 - c.2. Actual retirement date.

Life insurance may be purchased at the option of:

 - c.3. Participant.
 - c.4. Plan Administrator.
 - c.5. Participant or Plan Administrator.

In addition to Employer contributions, life insurance may be purchased from:

- c.6. Amount available for in service distributions.
- c.7. Voluntary Employee Contributions and rollovers.

4. Multiple Plans Top-Heavy Provisions(Section 2.6.1) - If the Employer maintains more than one plan, the minimum top-heavy requirement of Code section 416 is met:

- a. In this Plan. (Select this option even if there are no other plans.)
- b. In another defined contribution plan (Specify plan):

- c. In a defined benefit plan (Specify plan):

- d. Partially in this Plan and partially in a defined benefit benefit plan: (Specify plan):

The other plans of the Employer:

- e. Are defined contribution plans.
- f. Include a defined benefit plan

If top-heavy minimum is custom text, enter it here and leave a. through f. blank.

- g. _____
MODIFICATION REQUIRING IRS SUBMISSION

5. Treatment of Excess Annual Additions (Section 3.1.3) - Any excess Annual Additions (Code section 415 violations) will be:

- a. Reallocated to existing Participants below the IRC section 415(c) limit.
- b. Used to reduce the Employer contribution to the Participant in the next Limitation Year.
- c. Held in a suspense account and used to reduce the Employer contribution in the next Limitation Year

If Excess Annual Additions are distributed:

- d. Roth Deferrals (plus earnings) returned before pre-tax Deferrals.
- e. Pre-tax Deferrals (plus earnings) returned before Roth Deferrals.
- f. Employer chooses whether Roth or pre-tax returned first.

6. Multiple Plans Maximum Annual Additions (Section 3.2.4) - If the Employer maintains more than one defined contribution plan and the maximum limitations of Code section 415(c) are exceeded, then:

- a. The allocations from this Plan are adjusted first. (Select this option even if there are no other plans.)
- b. The allocations from this Plan are adjusted last.
- c. The allocations are reduced pro-rata between all the plans.

7. Multiple Plans Maximum Permitted Disparity (Section 2.3.11)

- a. The Employer does not sponsor any other qualified plans. SKIP the remaining questions.
- 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.

(Omit items c. and d. if Plan formula is dollar based or non-integrated (Formulas D.9.a. through D.9.j. and D.9. ee.1.))

If the maximum permitted disparity is exceeded:

- c. If the Employer has another DC plan, the allocation will be adjusted in this Plan:
 - c.1. Allocation based pro-rata on Compensation
 - c.2. Allocation based on the Excess Contribution Percentage *(Only available if allocation formula D.9.w. selected)*
 - c.3. Allocation based on the Base Contribution Percentage *(Only available if allocation formula D.9.w. selected)*
 - c.4. General test will be performed without recognizing imputed disparity *(Not available if allocation formula D.9.u., D.9.v., or D.9.w. is selected)*
- d. Allocation or accrued benefit will be adjusted in another DC plan of the Employer.

If the Employer has another DB plan, For Plan Years on or after 1/1/89, the Annual Overall Permitted Disparity Fraction equals:

- e. 1.0.
- f. The value determined under the provisions of Reg. 1.401(l)-5.

8. Trustee (Section 3.5.2) - If the Employer has appointed a group of 2 or more individuals to act as the Trustee, the group will be bound by any decisions made by:

- a. The majority.
- b. Any ___ individuals acting in the capacity of the Trustee.

9. Investment Control (Sections 3.3.11 and 3.6.5) - The Participant may elect to control investment decisions of the following accounts:

- a. No Accounts.
- b. All Accounts.
- c. Non-Elective Contributions.
- d. Elective Deferrals.
- e. Matching Contributions.
- f. Safe Harbor Contributions.
- g. Qualified Non-Elective Contributions.
- h. Qualified Matching Contributions.
- i. Voluntary Contributions.
- j. Rollovers.
- k. Deemed IRA Contributions

Elections to transfer investments to a Controlled Account may occur:

- l. Only on a Valuation Date.
- m. As of the date of election, provided such election is deemed feasible by the Trustee.

Is it intended that the Plan comply with the requirements of section 404(c) of ERISA?

- n. No.
- o. Yes.

10. Earnings on Suspense Accounts (Sections 3.1.5 and 3.2.3)

Will any suspense account holding forfeitures be subject to Trust earnings?

- a. Yes.
- b. No.

Will any suspense account holding Excess Annual Additions be subject to Trust earnings?

- c. Yes.
- d. No.