

## Section 403(b) Plan (Full Scope)

### Company Data:

#### Company Information:

1. Name of adopting employer (Plan Sponsor):
- 2a. Plan Sponsor address line 1:
- 2b. Plan Sponsor address line 2:
3. Plan Sponsor city:
4. Plan Sponsor state:
5. Plan Sponsor zip:
6. Plan Sponsor phone AC/Number:
7. Plan Sponsor fax AC/Number:
8. Plan Sponsor EIN:
9. Plan Sponsor fiscal year end:
- 10a. Plan Sponsor entity type:  
☐ C Corporation ☐ S Corporation ☐ Non profit ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Sole Proprietorship ☐ Union ☐ Government agency ☐ Other
- 10b. If 10a is "Union", enter name of the representative of the parties who established or maintain the Plan:
- 10c. If 10a is "Other", enter Plan Sponsor entity type:
11. State of organization of Plan Sponsor:
- 12a. The Plan Sponsor is a member of an affiliated service group:  
☐ Yes ☐ No
- 12b. If 12a is "Yes", list all members of the group (other than the Plan Sponsor):
- 13a. The Plan Sponsor is a member of a controlled group:  
☐ Yes ☐ No
- 13b. If 13a is "Yes", list all members of the group (other than the Plan Sponsor):

#### Contact Information:

21. Contact name:
22. Contact title:
23. Contact salutation:
24. Contact phone:
25. Contact fax:
26. Contact email:

#### Notes:

30. Notes

## Plan Data:

### A. GENERAL INFORMATION

#### General

1. Plan Number:
- 2a. First line of Plan name:
- 2b. Second line of Plan name:
- 3a. Original effective date of Plan:
- 3b. Is this a restatement of a previously-adopted plan?  
☐ Yes ☐ No
- 3c. If **A.3b** is "Yes", effective date of Plan restatement:
4. Plan Year End (Month Day):
5. Is the Plan subject to ERISA?  
☐ Yes ☐ No
6. Type of Plan Sponsor:  
☐ Public School ☐ Non Profit Organization ☐ Minister
7. Is the Plan a FICA Church Plan (Article 2)?  
☐ Yes ☐ No

#### Plan Features

- 10a. Roth Elective Deferrals are permitted:  
☐ Yes ☐ No
- 10b. If **A.10a** is "Yes", enter the effective date for Roth Elective Deferrals:
11. Voluntary (after-tax) Contributions are permitted (Section 4.01) (If "No", questions regarding Voluntary Contributions are disregarded):  
☐ Yes ☐ No ☐ Formerly Allowed
12. Matching Contributions are permitted (Section 4.02) (If "No", questions regarding Matching Contributions are disregarded):  
☐ Yes ☐ No
13. Non-Elective Contributions are permitted (Section 4.03) (If "No", questions regarding Non-Elective Contributions are disregarded):  
☐ Yes ☐ No

#### Compensation

20. Definition of Compensation:  
☐ W-2 ☐ Withholding ☐ 415 Safe Harbor
21. Include deferrals in definition of Compensation?  
☐ Yes ☐ No
- 22a. Include **Post Severance Compensation** in definition of Compensation:  
☐ Yes ☐ No
- 22b.i. **A.22a** applies for Elective Deferrals and Voluntary Contributions:  
☐ Yes ☐ No
- 22b.ii. **A.22a** applies for Matching Contributions:  
☐ Yes ☐ No
- 22b.iii. **A.22a** applies for Nonelective Contributions:  
☐ Yes ☐ No
- 22c. **A.22a** is "Yes", effective date of inclusion of Post Severance Compensation shall be limitation years beginning on of after:
- 23a. Compensation is determined using Post Year End Compensation:  
☐ Yes ☐ No

- 23b.** If **A.23a** is "Yes", effective date of using Post Year End Compensation shall be limitation years beginning on of after:

#### **Compensation Exclusions**

- 24a.** Exclude **pay earned before participation** in Plan from definition of Compensation:  
☐ Yes ☐ No
- 24b.i.** **A.24a** applies for Matching Contributions:  
☐ Yes ☐ No
- 24b.ii.** **A.24a** applies for Nonelective Contributions:  
☐ Yes ☐ No
- 25a.** Exclude **certain fringe benefits** from definition of Compensation:  
☐ Yes ☐ No
- 25b.i.** **A.25a** applies for Elective Deferrals and Voluntary Contributions:  
☐ Yes ☐ No
- 25b.ii.** **A.25a** applies for Matching Contributions:  
☐ Yes ☐ No
- 25b.iii.** **A.25a** applies for Nonelective Contributions:  
☐ Yes ☐ No
- 26a.** Exclude other pay from definition of Compensation for the following Participants:  
☐ None ☐ HCEs only ☐ All Participants
- 26b.** If **A.26a** is "HCEs only" or "All Participants", describe other pay excluded from definition of Compensation:

#### **Highly Compensated Employee**

- 30.** Use top-paid group election in determining Highly Compensated Employees:  
☐ Yes ☐ No
- 31.** Use calendar year beginning with or within the preceding Plan Year in determining Highly Compensated Employees:  
☐ Yes ☐ No

#### **Miscellaneous**

- 40.** Enter date to place on cover of Summary Plan Description:
- 41.** File Number:
- 42.** Trust EIN:
- 43.** User Defined Field #1
- 44.** User Defined Field #2
- 45.** User Defined Field #3
- 46.** User Defined Field #4
- 47.** User Defined Field #5

#### **B. ELIGIBILITY**

##### **Exclusions - Elective Deferrals**

- 1a.i.** Exclude Employees whose maximum Elective Deferrals would not exceed \$200:  
☐ Yes ☐ No
- 1a.ii.** Exclude Employees who are eligible to participate in an eligible governmental plan under section 457(b) which permits contributions or deferrals at the election of the employee:  
☐ Yes ☐ No
- 1a.iii.** Exclude Employees who are eligible to participate in a plan of the Employer offering a qualified cash or deferred election under Code section 401(k) or a contract described in Code section 403(b):  
☐ Yes ☐ No
- 1a.iv.** Exclude Employees who are nonresident aliens:

- ☐ Yes ☐ No
- 1a.v.** Exclude Employees who are students performing services described in Code section 3121(b)(10):  
☐ Yes ☐ No
- 1a.vi.** Exclude Employees who normally work fewer than 20 hours per week as defined in Treas. Reg. section 1.403(b)-5(b)(4)(iii)(B):  
☐ Yes ☐ No
- 1b.i.** If **A.7** is "Yes" (the Plan is a FICA Church Plan), indicate whether there are other exclusions from the term "Eligible Employee"  
☐ Yes ☐ No
- 1b.ii.** If **1b.i** is not "No", describe other exclusions from the term "Eligible Employee":

#### Exclusions - Other Contributions

- 2a.** For purposes of all contributions other than Elective Deferrals indicate whether the Plan will make any other revisions to the term "Eligible Employee":  
☐ Yes ☐ No
- 2b.** If **B.2a** is "Yes", describe any further modifications to the term "Eligible Employee":

#### Eligibility - Elective Deferrals

- 5.** If the Plan is a FICA Church Plan, indicate what eligibility rules shall apply to Elective Deferrals:  
☐ Eligibility rules for Other Contributions ☐ Eligibility rules for Elective Deferrals only

#### Eligibility - Other Contributions

- 10.** Minimum age requirement for Contributions other than Elective Deferrals:
- 11a.** Minimum service requirement for contributions other than Elective Deferrals:  
☐ None ☐ Specified number of Year(s) of Eligibility Service ☐ Specified number of Hours of Service in a period of months ☐ Specified number of Hours of Service within a twelve month period ☐ Specified number of Month(s)
- 11b.** If **B.11a** is "Specified number of Year(s) of Eligibility Service", "Specified number of Month(s)" or "Specified number of Hours of Service in a period of months", specify the number of years or months required:
- 11c.** If **B.11a** is not "Specified number of Month(s)", specify the number of hours of service required in the applicable period:
- 11d.** Eligibility service computation method for Contributions other than Elective Deferrals:  
☐ Hours of Service ☐ Elapsed Time
- 12a.** Frequency of entry dates for contributions other than Elective Deferrals:  
☐ Immediate ☐ first day of the calendar month ☐ first day of each plan quarter ☐ first day of the first month and seventh month of the Plan Year ☐ first day of the Plan Year ☐ Other
- 12b.** If **B.12a** is not "Immediate", selection of entry date:  
☐ coincident with or next following ☐ next following ☐ coincident with or immediately preceding ☐ immediately preceding ☐ nearest to
- 12c.** If **B.12a** is "Other", describe the other entry dates:
- 13a.** For purposes of all contributions other than Elective Deferrals indicate whether the Plan will make any other revisions to the eligibility rules specified in **B.10 - B.12**:  
☐ Yes ☐ No
- 13b.** If **B.13a** is "Yes", describe any further modifications to the eligibility rules specified in **B.10 - B.12**:

#### Eligibility Service Computation Rules

- 15a.** If **B.11d** is "Hours of Service", does Eligibility Computation Period switch to Plan Year:  
☐ Yes ☐ No
- 15b.** If **B.11d** is "Hours of Service", select hours equivalency for eligibility purposes:  
☐ None ☐ 10 hours per day ☐ 45 hours per week ☐ 95 hours per semi-monthly payroll period ☐ 190 hours per month

- 15c. If **B.15b** is not "None", the equivalency shall apply to the following employees:  
☐ All Employees ☐ Only Employees not paid on a per-hour basis

**C. CONTRIBUTIONS**

**ACP Safe Harbor**

1. Is this a safe-harbor 401(m) plan exempt from most testing?  
☐ No ☐ Yes - safe harbor match ☐ Yes - nonelective contribution ☐ Yes - QACA safe harbor match ☐ Yes - QACA nonelective contribution ☐ Yes - to another plan
2. If **C.1** is not "No", enter effective date of safe harbor provisions:
- 3a. If **C.1** is "QACA", enter the amount of the election for the initial period as percentage of Compensation (3 -> 10):
- 3b. If **C.1** is "QACA", enter the amount of the election for the first year after the initial period as a percentage of Compensation (4 -> 10):
- 3c. If **C.1** is "QACA", enter the amount of the election for the second year after the initial period as a percentage of Compensation (5 -> 10):
- 3d. If **C.1** is "QACA", enter the amount of the election for the third and subsequent years after the initial period as a percentage of Compensation (6 -> 10):
- 3e. If **C.1** is "QACA", indicate whether the arrangement will apply to Participants who had Elective Deferral elections in effect prior to the effective date of the QACA:  
☐ Yes ☐ No
4. If **C.1** is "to another plan", name of other plan to which safe harbor contributions are made:
- 5a. If **C.1** is "nonelective", safe harbor nonelective contributions will be made on behalf of:  
☐ All Participants ☐ Nonhighly Compensated Employees only ☐ Non Key Employees only ☐ Participants meeting the greatest minimum age and service under section 410(a)
- 5b. If **C.1** is "nonelective", and **C.5a** is "All Participants", require service for Highly Compensated Employees to receive safe harbor nonelective contribution:  
☐ Yes ☐ No
- 5c. If **C.1** is "nonelective", **C.5a** is "All Participants", and **C.5b** is "Yes", Hours of Service required in the Plan Year for Highly Compensated Employees to receive safe harbor nonelective contribution (1000 maximum without commas):
- 5d. If **C.1** is "nonelective" and **C.5a** is "All Participants", require employment on last day of Plan Year for Highly Compensated Employees to receive safe harbor nonelective contribution:  
☐ Yes ☐ No

**Elective Deferrals - Voluntary Contributions**

10. Maximum contribution (as % of compensation, without % sign):
- 11a. When may Participants modify/start/stop elections regarding Elective Deferrals/Voluntary Contributions?  
☐ Each pay period ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual ☐ Pursuant to Plan Administrator procedures
- 11b. May Participants stop election to contribute at any time?  
☐ Yes ☐ No
12. If **A.11** and **A.12** are "Yes" (Voluntary and Matching permitted), the Company will base Matching Contributions on a Participant's Voluntary Contributions:  
☐ Yes ☐ No
- 13a. Should Plan provide for traditional automatic enrollment?  
☐ No ☐ Yes - Static percentage ☐ Yes - Increasing percentage
- 13b. If **C.13a** is not "No", amount of automatic enrollment election (as a percentage of pay):  
☐ one percent (1%) ☐ two percent (2%) ☐ three percent (3%) ☐ four percent (4%) ☐ five percent (5%)
- 13c. If **C.13a** is "Yes - Increasing percentage", the amount specified in **C.13b** shall increase in the following manner:
- 13d. If **C.1** is "QACA" or **C.13a** are "Yes" (the Plan provides for automatic enrollment), does the Plan intend to be an eligible automatic contribution arrangement (EACA) (Section 4.01(h)):

- ☐ Yes ☐ No  
**13e.** If **C.13d** is "Yes", enter effective date of EACA refunds (enter January 1, 2008 or a later date):

#### **Catchup Contributions**

- 14a.** Allow Participants to make EGTRRA catch-up contributions (Section 5.01(c)):  
☐ Yes ☐ No  
**14b.** If **C.14a** is "Yes", the election shall apply with respect to contributions on or after:  
**14c.** Permit Participants with fifteen years of service to make special Code section 403(b) catch-up contributions (Section 5.01(a)):  
☐ Yes ☐ No  
**14d.** If **C.14c** is "Yes", the election shall apply with respect to contributions on or after:  
**15a.** If **C.14a** is "Yes", the Company will include a Participant's EGTRRA catch-up contributions in the definition of Matched Employee Contributions:  
☐ Yes ☐ No  
**15b.** If **C.14c** is "Yes", the Company will include a Participant's special Code section 403(b) catch-up contributions in the definition of Matched Employee Contributions:  
☐ Yes ☐ No

#### **Testing Elections**

- 16a.** Actual Contribution Percentages of Nonhighly Compensated Employees are determined using:  
☐ Current year - no exceptions ☐ Current year - with exceptions ☐ Prior year - no exceptions ☐ Prior year - with exceptions  
**16b.** If **C.16a** is "with exceptions", enter years for which exceptions apply:  
**16c.** If **C.16a** is "Prior year" designate NHCE percentage for first Plan Year:  
☐ 3% ☐ Current year percentages

#### **Matching - Service**

- 20a.** A Participant will receive an allocation of Matching Contributions if he or she is employed by the Company on the last day of Plan Year or completes the Hours of Service specified in **C.20b**  
☐ Yes ☐ No  
**20b.** If **C.20a** is "Yes", enter Hours of Service Required:  
**21a.** If **C.20a** is "No", require service for a Participant to receive an allocation of Matching Contributions?  
☐ Yes ☐ No  
**21b.** If **C.20a** is "No" and **C.21a** is "Yes", Hours of Service required in the applicable Plan Year for a Participant to receive an allocation of Matching Contributions (without commas):  
**21c.** If **C.20a** is "No", require employment by the Company on the last day of Plan Year for a Participant to receive an allocation of Matching Contributions?  
☐ Yes ☐ No  
**22a.** If **C.20a** is "Yes" or **C.21a** is "Yes", select equivalency for purposes of **C.10/C.21b**:  
☐ None ☐ 10 hours per day ☐ 45 hours per week ☐ 95 hours per semi-monthly payroll period ☐ 190 hours per month  
**22b.** If **C.20a** is "Yes" or **C.21a** is "Yes" and if **C.22a** is not "None", the hours equivalency selected in **C.21c** shall apply to:  
☐ All Employees ☐ Only Employees not paid on a per-hour basis  
**23a.i.** Modify Hour of Service requirement or last day requirement in accordance with **C.23b** for a Participant who Terminates employment with the Employer during the Plan Year due to death:  
☐ Yes ☐ No  
**23a.ii.** Modify Hour of Service requirement or last day requirement in accordance with **C.23b** for a Participant who Terminates employment with the Employer during the Plan Year due to Disability:  
☐ Yes ☐ No  
**23a.iii.** Modify Hour of Service requirement or last day requirement in accordance with **C.23b** for a Participant who Terminates employment with the Employer during the Plan Year due to attainment of Normal Retirement Age:

- ☐ Yes ☐ No
- 23b.** Any Hour of Service requirement and last day requirement shall be modified upon the occurrence of the events described in **C.23a** as follows:  
☐ Waive service and last day ☐ Waive service only ☐ Waive last day only
- 23c.** Indicate whether any modifications shall be made to **C.21a - C.23b**:  
☐ Yes ☐ No
- 23d.** If **C.23c** is "Yes", describe the modifications:
- 24.** Method to fix Matching Contribution Code section 410(b) ratio percentage coverage failures  
☐ Do not automatically fix ☐ Add just enough ☐ Add all

### Matching - Formula

- 25.** Matching Contribution formula:  
☐ Discretionary ☐ Single rate ☐ Two rates ☐ Years of service ☐ Special schedule
- 26a.** If **C.25** is "Single rate" or "Two rates", rate of Matching Contributions (without % sign):
- 26b.** If **C.25** is "Single rate" or "Two rates", maximum amount of Employee contributions matched on single rate or first rate (without % sign)
- 26c.** If **C.25** is "Two rates", rate of Matching Contributions on second rate (without % sign):
- 26d.** If **C.25** is "Two rates", maximum amount of Employee contributions matched on second rate (without % sign):
- 26e.i.** If **C.25** is "Single rate" or "Two rates", will any further tiered Matching Contributions to be made in addition to those described in **C.26a** through **C.26d**:  
☐ Yes ☐ No
- 26e.ii.** If **C.25** is "Single rate" or "Two rates", and **C.26e.i** is "Yes", describe any further tiered Matching Contributions:
- 26f.** If **C.25** is "Single rate" or "Two rates", permit the Board to provide for Matching Contributions to be made in addition to the foregoing:  
☐ Yes ☐ No
- 26g.i.** If **C.25** is "Years of service", describe years of service that applies to the first band:
- 26g.ii.** If **C.25** is "Years of service", describe the matching percentage that applies to the first band:
- 26g.iii.** If **C.25** is "Years of service", describe years of service that applies to the second band:
- 26g.iv.** If **C.25** is "Years of service", describe the matching percentage that applies to the second band:
- 26g.v.** If **C.25** is "Years of service", describe years of service that applies to the third band:
- 26g.vi.** If **C.25** is "Years of service", describe the matching percentage that applies to the third band:
- 26g.vii.** If **C.25** is "Years of service", describe years of service that applies to the fourth band:
- 26g.viii.** If **C.25** is "Years of service", describe the matching percentage that applies to the fifth band:
- 26h.i.** If **C.25** is "Years of service", the formula applies to all matched contributions:  
☐ Yes ☐ No
- 26h.ii.** If **C.25** is "Years of service" and **C.26h.i** is "No", only Matched Contributions that are not in excess of the following percentage of the Participant's Compensation shall be matched:
- 26i.** If **C.25** is "Years of service", describe the service to use:  
☐ Years of Eligibility Service ☐ Years of Vesting Service
- 26j.** If **C.25** is "Years of service", please enter the number of Hours of Service necessary to earn a year of service described in **C.26i**:
- 26k.** If **C.25** is "Special schedule", describe method of contribution/allocation that will be attached as an appendix to the Adoption Agreement.

### Matching - Maximum Allocation

- 27a.** Plan limits Matching Contributions:  
☐ Yes - maximum % that applies to all Participants ☐ Yes - maximum % that applies to HCEs only ☐ Yes - maximum dollar amount that applies to all Participants ☐ Yes - maximum dollar amount that applies to HCEs only ☐ No
- 27b.** If **C.27a** is "Yes", maximum amount of Matching Contributions for each Participant in each Plan Year (without \$ sign or commas):

## Matching - Allocations

- 28a.** Matching Contributions are allocated to Participant Accounts at the following time(s):  
☐ End of Plan Year ☐ Semi-annually ☐ Quarterly ☐ Each calendar month ☐ Each pay period ☐  
☐ At Company discretion
- 28b.** If **C.27a** is a maximum dollar amount and **C.28a** is not End of Plan Year, apply the dollar limit in **C.27b**:  
☐ On a Plan Year basis only ☐ Pro rata as of each allocation period

## Non-Elective - Service

- 30a.** A Participant will receive an allocation of Non-Elective Contributions if he or she is employed by the Company on the last day of Plan Year or completes the Hours of Service specified in **C.30b**  
☐ Yes ☐ No
- 30b.** If **C.30a** is "Yes", enter Hours of Service Required:
- 31a.** If **C.30a** is "No", require service for a Participant to receive an allocation of Non-Elective Contributions?  
☐ Yes ☐ No
- 31b.** If **C.30a** is "No" and **C.31a** is "Yes", Hours of Service required in the applicable Plan Year for a Participant to receive an allocation of Non-Elective Contributions (1000 maximum without comma):
- 31c.** If **C.30a** is "No", require employment by the Company on the last day of Plan Year for a Participant to receive an allocation of Non-Elective Contributions?  
☐ Yes ☐ No
- 32a.** If **C.30a** is "Yes" or **C.31a** is "Yes", select equivalency for purposes of **C.31b**:  
☐ None ☐ 10 hours per day ☐ 45 hours per week ☐ 95 hours per semi-monthly payroll period ☐  
190 hours per month
- 32b.** If **C.30a** is "Yes" or **C.31a** is "Yes" and if **C.32a** is not "None", the hours equivalency selected in **C.21c** shall apply to:  
☐ All Employees ☐ Only Employees not paid on a per-hour basis
- 33a.i.** Modify Hour of Service requirement and last day requirement in accordance with **C.33b** for a Participant who Terminates employment with the Employer during the Plan Year due to death:  
☐ Yes ☐ No
- 33a.ii.** Modify Hour of Service requirement and last day requirement in accordance with **C.33b** for a Participant who Terminates employment with the Employer during the Plan Year due to Disability:  
☐ Yes ☐ No
- 33a.iii.** Modify Hour of Service requirement and last day requirement in accordance with **C.33b** for a Participant who Terminates employment with the Employer during the Plan Year due to attainment of Normal Retirement Age:  
☐ Yes ☐ No
- 33b.** Any Hour of Service requirement and last day requirement shall be modified upon the occurrence of the events described in **C.33a** as follows:  
☐ Waive service and last day ☐ Waive service only ☐ Waive last day only
- 33c.** Indicate whether any modifications shall be made to **C.31a - C.33b**:  
☐ Yes ☐ No
- 33d.** If **C.33c** is "Yes", describe the modifications:
- 34.** Method to fix Non-Elective Contribution Code section 410(b) ratio percentage coverage failures:  
☐ Do not automatically fix ☐ Add just enough ☐ Add all

## Non-Elective - Formula

- 35a.** Non-Elective allocation formula:  
☐ Pro rata ☐ Integrated ☐ Points ☐ Fixed Amount ☐ Age Weighted ☐ New Comparability - Defined Groups ☐ New Comparability - One Group per Participant ☐ Other
- 35a.viii.** If **35a** is "Other", enter the Non-Elective allocation formula
- 35b.** Non-Elective Contributions are allocated to Participant Accounts at the following time(s):  
☐ End of Plan Year ☐ Semi-annually ☐ Quarterly ☐ Each calendar month ☐ Each pay period
- 35c.i.** Non-Elective Contributions are subject to a minimum amount:  
☐ Yes ☐ No



- 35c.ii.** If **C.35c.i** is "Yes", describe the minimum amount:  
**35d.i.** Non-Elective Contributions are subject to a maximum amount:  
☐ Yes ☐ No  
**35d.ii.** If **C.35d.i** is "Yes", describe the maximum amount:

#### Non-Elective - Integration

- 36a.** If **C.35** is "Integrated", integration level for determining Excess Compensation:  
☐ Taxable wage base ☐ 80% of the taxable wage base plus 1.00 ☐ Fixed percentage ☐ Fixed dollar amount  
**36b.** If **C.35** is "Integrated", and **C.36a** is "fixed percentage" or "fixed dollar amount", enter fixed percentage or fixed dollar amount (without % or \$ or commas):  
**36c.** If **C.35** is "Integrated", enter amount of permitted disparity:  
☐ 5.7 ☐ 5.4 ☐ 4.3

#### Non-Elective - New Comparability

- 37a.** If **C.35** is "New Comparability - Defined Groups", number of New Comparability groups  
☐ 2 ☐ 3 ☐ 4 ☐ 5  
**37b.i.** If **C.35** is "New Comparability - Defined Groups", members of Group One:  
**37b.ii.** If **C.35** is "New Comparability - Defined Groups", Group One allocation method:  
☐ Percentage of Compensation ☐ Fixed dollar amount ☐ Greater of percentage or fixed dollar  
**37c.i.** If **C.35** is "New Comparability - Defined Groups", members of Group Two:  
**37c.ii.** If **C.35** is "New Comparability - Defined Groups", Group Two allocation method:  
☐ Percentage of Compensation ☐ Fixed dollar amount ☐ Greater of percentage or fixed dollar  
**37d.i.** If **C.35** is "New Comparability - Defined Groups", members of Group Three:  
**37d.ii.** If **C.35** is "New Comparability - Defined Groups", Group Three allocation method:  
☐ Percentage of Compensation ☐ Fixed dollar amount ☐ Greater of percentage or fixed dollar  
**37e.i.** If **C.35** is "New Comparability - Defined Groups", members of Group Four:  
**37e.ii.** If **C.35** is "New Comparability - Defined Groups", Group Four allocation method:  
☐ Percentage of Compensation ☐ Fixed dollar amount ☐ Greater of percentage or fixed dollar  
**37f.i.** If **C.35** is "New Comparability - Defined Groups", members of Group Five:  
**37f.ii.** If **C.35** is "New Comparability - Defined Groups", Group Five allocation method:  
☐ Percentage of Compensation ☐ Fixed dollar amount ☐ Greater of percentage or fixed dollar

#### Profit Sharing - Points

- 38a.** If **C.35** is "Points", points will be computed on basis of:  
☐ Age, Service and Compensation ☐ Age and Service ☐ Age and Compensation ☐ Service and Compensation ☐ Age Only ☐ Service Only  
**38b.** If **C.35** is "Points", points awarded for \$100 of Compensation:  
**38c.** If **C.35** is "Points", points awarded for each year of participation:  
**38d.** If **C.35** is "Points", points awarded for each year of age:

#### Non-Elective - Former Participants

- 40a.** Allocate Non-Elective Contributions to former Participants (Section 4.03(e)):  
☐ Yes ☐ No  
**40b.** If **C.40a** is "Yes", select the date allocation end as the last day of the tax year following the tax year in which date of Termination occurs:  
☐ first ☐ second ☐ third ☐ fourth ☐ fifth  
**40c.** If **C.40a** is "Yes", the election shall apply with respect to terminations on or after:  
**41a.** Eligibility requirements for a former Participant to receive an allocation of Non-Elective Contributions:  
☐ Age ☐ Service ☐ Age and Service ☐ Other  
**41b.** If **C.41a** is "Age" or "Age and Service" enter the age component required:  
**41c.** If **C.41a** is "Service" or "Age and Service" enter the service required:

- 41d.** If **C.41a** is "Other", describe the eligibility requirements for a former Participant to receive an allocation of Non-Elective Contributions:
- 42a.** Indicate whether any modifications shall be made to the requirements specified in **C.41**:  
☐ Yes ☐ No
- 42b.** If **C.42a** is "Yes", indicate the modifications to be made to the requirements specified in **C.41**:

#### **Rollovers**

- 50.** Rollover Contributions are permitted (Section 4.05):  
☐ Yes ☐ No
- 51a.** If **C.50** is "Yes", Rollover Contributions are permitted from:  
☐ All permissible plans ☐ Only 403(b) plans and conduit IRAs
- 51b.** If **C.50** is "Yes" and **C.51a** is "All permissible plans", enter the effective date:

#### **D. VESTING**

##### **Vesting Service Computation Rules:**

- 1.** Vesting service computation method:  
☐ Hours of Service ☐ Elapsed Time
- 2.** Number of Hours of Service necessary for Year of Vesting Service (without commas):
- 3.** Select equivalency for vesting purposes:  
☐ None ☐ 10 hours per day ☐ 45 hours per week ☐ 95 hours per semi-monthly payroll period ☐ 190 hours per month
- 4.** Vesting Computation Period:  
☐ Calendar year ☐ Plan Year ☐ Anniversaries of employment date

##### **Vesting Exceptions/Exclusions**

- 5.** Provide for full vesting for a Participant who Terminates employment with the Employer due to death while an Employee (Section 6.02):  
☐ Yes ☐ No
- 6.** Provide for full vesting for a Participant who Terminates employment with the Employer due to Disability while an Employee (Section 6.02):  
☐ Yes ☐ No
- 7.** Exclude Years of Vesting Service earned before age 18:  
☐ Yes ☐ No
- 8.** Exclude Years of Vesting Service earned before the Employer maintained this Plan or a predecessor plan:  
☐ Yes ☐ No
- 9a.** Are there other vesting exceptions/exclusions?  
☐ Yes ☐ No
- 9b.** If **D.9a** is "Yes", describe the other vesting exceptions/exclusions:

##### **Matching**

- 10.** Matching Contribution Account Vesting Schedule:  
☐ 100% ☐ 2-6 Year Graded ☐ 1-5 Year Graded ☐ 1-4 Year Graded ☐ 3 Year Cliff ☐ 2 Year Cliff ☐ Other
- 11a.** Other Matching Schedule - less than 1 year (without % sign):
- 11b.** Other Matching Schedule - 1 year but less than 2 years (without % sign):
- 11c.** Other Matching Schedule - 2 years but less than 3 years (without % sign):
- 11d.** Other Matching Schedule - 3 years but less than 4 years (without % sign):
- 11e.** Other Matching Schedule - 4 years but less than 5 years (without % sign):
- 11f.** Other Matching Schedule - 5 years but less than 6 years (without % sign):
- 12.** If the Plan provides for a traditional matching safe harbor (**C.1** is "Yes - safe harbor match") and **D.10** is not "100%", the following Matching Contributions are 100% vested:

☐ All fixed Matching Contributions ☐ Only basic safe harbor Matching Contributions

#### **Non-Elective**

20. Non-Elective Contribution Account Vesting Schedule:  
☐ 100% ☐ 2-6 Year Graded ☐ 1-5 Year Graded ☐ 1-4 Year Graded ☐ 3 Year Cliff ☐ 2 Year Cliff ☐ Other
- 21a. Other Non-Elective Schedule - less than 1 year (without % sign):
- 21b. Other Non-Elective Schedule - 1 year but less than 2 years (without % sign):
- 21c. Other Non-Elective Schedule - 2 years but less than 3 years (without % sign):
- 21d. Other Non-Elective Schedule - 3 years but less than 4 years (without % sign):
- 21e. Other Non-Elective Schedule - 4 years but less than 5 years (without % sign):
- 21f. Other Non-Elective Schedule - 5 years but less than 6 years (without % sign):

#### **QACA**

25. Specify the vesting schedule for contributions made pursuant to QACA Matching or Nonelective contributions under C.1:  
☐ 100% ☐ 2 Year Cliff ☐ Other
- 26a. Other QACA Schedule - less than 1 year (without % sign):
- 26b. Other QACA Schedule - 1 year but less than 2 years (without % sign):

#### **E. DISTRIBUTIONS**

##### **Normal Retirement**

- 1a. Requirement for Normal Retirement Age:  
☐ Age only ☐ Age and Plan Participation ☐ Other
- 1b. Age component of Normal Retirement Age:
- 1c. If E.1a is "Age and Plan Participation", anniversary of participation for Normal Retirement Age (may not be more than "fifth" if subject to ERISA):
- 1d. If E.1a is "Other", Normal Retirement Age means:
2. If the Plan is not subject to ERISA, will a Participant become fully vested (100%) upon his attainment of Normal Retirement Age while an Employee?  
☐ Yes ☐ No
3. Allow in-service distributions after attainment of Normal Retirement Age (Section 7.01(b)):  
☐ Yes ☐ No

##### **Time and Form of Payment after Termination for Reasons other than Death**

- 3a. Distributions after Termination of Employment for reasons other than death shall commence (Section 7.02):  
☐ Immediate ☐ End of Plan Year ☐ Normal Retirement Age ☐ Other
- 3b. If E.3a is "Other", enter time when distributions after Termination of Employment commence:
5. Distributions from the Plan after Termination for reasons other than death may be made in the following forms:  
☐ Lump sum only ☐ Lump sum and installments ☐ Continuous right of withdrawal
6. Permit distributions in the form of an annuity:  
☐ Yes ☐ No

##### **Payment on Participant Death**

7. Distributions on account of the death of the Participant shall be made in accordance with one of the following:  
☐ Pay by end of fifth year ☐ Pay no later than end of Plan Year of death ☐ Allow extended payments for all beneficiaries

## Cash Out

8. Involuntary cash-out amount for purposes of Sections 7.03 and 7.09 (not more than 5000 without dollar sign \$ or commas):
9. Involuntary cash-out of a terminated Participant's Account balance when it exceeds the cash-out amount specified in **E.8** is deferred under Section 7.03(b) until:  
☐ Later of age 62 or Normal Retirement Age ☐ Required Beginning Date - allow lump sum and installments ☐ Required Beginning Date - allow lump sum only
- 10a. Exclude amounts attributable to Rollover Contributions in determining the value of the Participant's nonforfeitable account balance for purposes of the Plan's involuntary cash-out rules:  
☐ Yes ☐ No
- 10b. If **E.10a** is "Yes", the election shall apply with respect to distributions made on or after:
- 11a. It is necessary to provide an effective date for the cash out amount specified in **E.8**:  
☐ Yes ☐ No
- 11b. If **E.11a** is "Yes", enter the effective date of the change in the cash-out amount:

## Spousal Death Benefits

20. If **A.5** is "Yes" (the Plan is subject to ERISA), the Plan has received a transfer of assets from a plan subject to the survivor annuity rules of Code sections 411(a)(11) and 417:  
☐ Yes ☐ No

## Required Beginning Date

30. Required Beginning Date for a Participant other than a More Than 5% Owner:  
☐ Later of age 70-1/2 or retirement ☐ Age 70-1/2 ☐ Election of age 70-1/2 or retirement

## F. IN SERVICE WITHDRAWALS/LOANS

### General

1. In-service withdrawals under **F** are allowed from Accounts that are only partially vested:  
☐ No - fully vested only ☐ Yes

### Hardship

10. Hardship withdrawals are allowed from the portion of a Participant's Accounts described in F.1 as follows (Section 8.01) (If "None", questions regarding Hardship withdrawals are disregarded.):  
☐ All Accounts ☐ Selected Accounts ☐ None
11. The criteria used in determining whether a Participant is entitled to receive a Hardship withdrawal:  
☐ Safe Harbor ☐ Non Safe Harbor
- 12a. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Elective Deferral Account:  
☐ Yes ☐ No
- 12b. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Matching Contribution Account:  
☐ Yes ☐ No
- 12c. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Non-Elective Contribution Account:  
☐ Yes ☐ No
- 12d. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Voluntary Contribution Account:  
☐ Yes ☐ No
- 12e. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Rollover Contribution Account:  
☐ Yes ☐ No
- 12f. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Transfer Account:  
☐ Yes ☐ No
13. If Roth Elective Deferrals are permitted and hardships allowed from Elective Deferral Account, permit hardships from Roth Elective Deferral Account:

☐ Yes ☐ Yes - only if qualified distribution ☐ No

### Specified Age

20. In-service withdrawals are allowed on attainment of the age specified in **F.21** from the portion of a Participant's Accounts described in **F.1**. (Section 8.02)  
☐ All Accounts ☐ Selected Accounts ☐ None
21. In-service withdrawal permitted after age:
- 22a. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Elective Deferral Account.  
☐ Yes ☐ No
- 22b. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Matching Contribution Account.  
☐ Yes ☐ No
- 22c. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Non-Elective Contribution Account.  
☐ Yes ☐ No
- 22d. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Qualified Nonelective Contribution Account.  
☐ Yes ☐ No
- 22e. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Voluntary Contribution Account.  
☐ Yes ☐ No
- 22f. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Rollover Contribution Account.  
☐ Yes ☐ No
- 22g. If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Transfer Account.  
☐ Yes ☐ No
23. If Roth Elective Deferrals are permitted and specified age withdrawals are allowed from Elective Deferral Account, permit specified age withdrawals from Roth Elective Deferral Account:  
☐ Yes ☐ Yes - only if qualified distribution ☐ No

### Other Withdrawals

- 25a. In-service withdrawals allowed from Matching Contribution Account after a specified number of years of Participation:  
☐ Yes ☐ No
- 25b. In-service withdrawals allowed from Non-Elective Contribution Account after a specified number of years of Participation:  
☐ Yes ☐ No
- 25c. If **F.30a** or **F.30b** is "Yes", enter the number of years participation (no less than 5)
- 26a. In-service withdrawals allowed from Matching Contribution Accounts on funds held for a specified period:  
☐ Yes ☐ No
- 26b. In-service withdrawals allowed from Non-Elective Contribution Account on funds held for a specified period:  
☐ Yes ☐ No
- 26c. If **F.31a** or **F.31b** is "Yes", enter the number of years funds must be held in plan (no less than 2)
- 27a. In-service withdrawals allowed from Voluntary Contribution Account at any time to the extent that such Account is not invested in Custodial Accounts:  
☐ Yes ☐ No
- 27b. In-service withdrawals allowed from Rollover Account at any time:  
☐ Yes ☐ No
- 28a. Permit Qualified Reservist Distributions:  
☐ Yes ☐ No
- 28b. If **F.28a** is "Yes", enter the effective date:

### Loans

30. Loans are permitted (Section 8.05) (If "No", questions regarding loans are disregarded. Skip to **G**):

- ☐ Yes ☐ No
31. Require showing of financial hardship or unusual or special situation to receive loan:  
☐ Yes ☐ No
32. Permit loans in excess of 1/2 of account balance up to \$10,000 with adequate security:  
☐ Yes ☐ No
33. Allow extended loan amortization for purchase of principal residence:  
☐ Yes ☐ No
34. Minimum loan amount:
35. Maximum number of loans outstanding:  
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
36. If G.2 does not permit participant self-direction, are loans treated as a segregated investment:  
☐ Yes ☐ No
37. A Participant must obtain the consent of his or her spouse, if any, to use the Account balance as security for a loan:  
☐ Yes ☐ No

## G. PLAN OPERATIONS

### Participant Self Direction

2. Specify the extent to which the Plan permits Participant self direction and the Plan's intent to comply with ERISA section 404(c) (Section 9.02) (If "None", questions regarding Participant self direction are disregarded. Skip to G.4a):  
☐ All Accounts with 404(c) ☐ All Accounts w/o 404(c) ☐ Some Accounts ☐ None
- 3a. If G.2 is "Some Accounts", self direct Elective Deferral Account:  
☐ Yes ☐ No
- 3b. If G.2 is "Some Accounts", self direct Matching Contribution Account:  
☐ Yes ☐ No
- 3c. If G.2 is "Some Accounts", self direct Voluntary Contribution Account:  
☐ Yes ☐ No
- 3d. If G.2 is "Some Accounts", self direct Non-Elective Contribution Account:  
☐ Yes ☐ No
- 3e. If G.2 is "Some Accounts", self direct Qualified Nonelective Contribution Account:  
☐ Yes ☐ No
- 3f. If G.2 is "Some Accounts", self direct Rollover Contribution Account:  
☐ Yes ☐ No
- 3g. If G.2 is "Some Accounts", self direct Transfer Account:  
☐ Yes ☐ No

### Valuation Date

- 4a. Enter Valuation Date (if G.2 is "All Accounts with 404(c)", then Valuation Date must be at least quarterly)  
☐ Last day of Plan Year ☐ Last day of Plan quarter ☐ Last day of each month ☐ Each business day ☐ Other
- 4b. If G.4a is "Other", enter Valuation Date:

### Plan Administration

- 5a. Designation of Plan Administrator (Section 11.01):  
☐ Plan Sponsor ☐ Committee appointed by Plan Sponsor ☐ Other
- 5b. If G.5a is "Other", Name of Plan Administrator:
6. Establishment of procedures for the Plan Administrator and the Investment Fiduciary (Sections 11.01(c) and 11.02(c)):  
☐ Plan fiduciary adopts own procedures ☐ Board sets procedures
- 7a. Type of indemnification for the Plan Administrator and Investment Fiduciary:  
☐ None ☐ Standard ☐ Custom

**7b.** If **G.7a** is "Custom", enter indemnification for the Plan Administrator and Investment Fiduciary:

#### **State Law Rules**

**8a.** If the Plan is not subject to ERISA, is the Plan subject to other state law rules?

☐ Yes ☐ No

**8b.** If **G.8a** is "Yes" enter any state law rules that apply:

#### **H. CUSTOM LANGUAGE APPENDICES**

##### **Custom Language**

**1.** Enter custom language that is to be added as an Addendum to the Adoption Agreement.

##### **Custom Effective Date**

**2.** Enter custom effective date(s) that are to be added as an Addendum to the Adoption Agreement:.

#### **J. ADMINISTRATIVE ELECTIONS**

##### **General**

**1.** Indicate the employee identification method that is used on all forms:

☐ Employee ID ☐ Social Sec Number ☐ None

##### **Joinder Agreement**

**10.** For purposes of generating a Joinder Agreement, enter the names of all employers who have adopted the plan other the lead plan sponsor separated by a semicolon:

##### **Annual Notice**

**30a.** Indicate the method of making deferral elections:

☐ Paper form ☐ Web site ☐ VRU ☐ Web site or VRU ☐ Other

**30b.** If **J.30a** is not "Paper form" provide web site address/phone number/other instructions:

**31a.** Indicate the method of making investment elections:

☐ Paper form ☐ Web site ☐ VRU ☐ Web site or VRU ☐ Other

**31b.** If **J.31a** is not "Paper form" provide web site address/phone number/other instructions:

**32.** Indicate the due date of election forms for auto enrollment:

##### **QDIA Information**

**50a.** Indicate whether the Plan is intended to provide for a QDIA

☐ Yes ☐ No

**50b.** If **J.50a** is "Yes" (the Plan is a QDIA), enter required information about default investments:

**50c.** If **J.50a** is "Yes" (the Plan is a QDIA), enter required information about the right to self direct, including fees and expenses

**50d.** If **J.50a** is "Yes" (the Plan is a QDIA), enter where Participants can find required information about the Plan's investment funds and procedures for changing how accounts are invested:

##### **Distributions**

- 60.** Indicate how a rollover check will be distributed:  
☐ Mail to participant ☐ Deliver to participant ☐ Mail to rollover institution ☐ Participant option
- 61.** If the Plan allows Roth Elective Deferrals, indicate the distribution order for Roth Elective Deferrals:  
☐ Roth Acct first ☐ Other Accts first ☐ Pro rata from each Acct ☐ At Participant election
- 62a.** If **E.8** is greater than \$1,000, enter the name of the IRA provider for mandatory rollovers:
- 62b.** If **E.8** is greater than \$1,000, describe how fees and expenses of the IRA will be allocated:

## Loans

- 80a.** A Participant may obtain a loan from all of his accounts:  
☐ Yes ☐ No
- 80b.** If **J.80a** is "No", specify the Accounts from which loans may be made:
- 81.** Indicate whether a Participant may refinance a loan (subject to IRS regs):  
☐ Yes ☐ No ☐ Unknown
- 82.** Indicate whether a loan becomes payable in full on termination:  
☐ Yes ☐ No
- 83.** Indicate the extent to which prepayment are permitted:  
☐ None ☐ Prepay in full only ☐ Prepay in full or in part
- 84.** Indicate the interest rate that will apply to plan loans:
- 85.** Indicate whether loans will be repaid by payroll deduction:  
☐ Yes ☐ No
- 86.** Indicate the loan repayment frequency:  
☐ pay period ☐ month ☐ quarter
- 87a.** Indicate whether the plan imposes a loan processing fee:  
☐ Yes ☐ No
- 87b.** If **J.87a** is "Yes", enter the loan processing fee:
- 88a.** Indicate whether the plan imposes an ongoing loan maintenance fee:  
☐ Yes ☐ No
- 88b.** If **J.88a** is "Yes", enter the loan maintenance fee:
- 89a.** Indicate whether a default will occur after a specified number of days or after the maximum cure period allowed by IRS regulation:  
☐ Specified days ☐ Maximum cure period
- 89b.** If **J.89a** is "Specified days", enter the number of specified days:
- 90.** Indicate whether a signature line appears on the loan procedures:  
☐ Yes ☐ No