

Employee Stock Ownership Plan

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:

Additional Company Information:

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

A. 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:
- 4a. Plan Year End (Month Day):
- 4b. The Plan has a short plan year:
☐ Yes ☐ No
- 4ci. If **A.4b** is Yes", enter the start date of the short Plan Year:
- 4cii. If **A.4b** is Yes", enter the end date of the short Plan Year:
- 5. Limitation Year means:
☐ Plan Year ☐ calendar year ☐ tax year of the Plan Sponsor
- 6a. The Plan is frozen as to eligibility and benefits:
☐ Yes ☐ No
- 6b. If **A.6a** is "Yes", enter the date the Plan was frozen:

A. ESOP Contributions

- 15a. If more than one ESOP Account is specified in **A.14**, specify the ordering rule of the ESOP contributions made in the form of Company Stock (Section 4A.01(b)):
☐ Pro rata ☐ Special ordering rule
- 15b. If **A.15a** is "Special ordering rule", specify the ordering rule:

A. Compensation

- 20a. Definition of Compensation:
☐ W-2 ☐ Withholding ☐ 415 Safe Harbor
- 20b. If **A.20a** is "415 Safe Harbor", exclude amounts received during the year by an employee pursuant to a nonqualified unfunded deferred compensation plan to the extent includible in gross income:
☐ Yes ☐ No
- 21. Include deferrals in definition of Compensation?
☐ Yes ☐ No
- 22a. Include **Post Severance Compensation**:
☐ Yes ☐ No
- 22b. **A.22b** is "Yes", effective date of inclusion of Post Severance Compensation shall be limitation years beginning on of after:
- 22d. Compensation is determined using Post Year End Compensation:
☐ Yes ☐ No
- 22e. If **A.22d** is "Yes", effective date of using Post Year End Compensation shall be limitation years beginning on of after:
- 22f. Include in Compensation payments made to an individual on account of qualified military service:
☐ Yes ☐ No
- 22g. Include in Compensation payments made to a Participant who is permanently and totally disabled:
☐ Yes ☐ No
- 22h. Include deemed Code section 125 compensation in definition of Compensation:
☐ Yes ☐ No

A. Compensation Exclusions

- 23a.** Exclude pay earned before participation in Plan from definition of Compensation:
☐ Yes ☐ No
- 23b.** Exclude certain fringe benefits from definition of Compensation:
☐ Yes ☐ No
- 24a.** Exclude other pay from definition of Compensation for the following Participants:
☐ None ☐ HCEs only ☐ All Participants
- 24b.** If **A.24a** is "HCEs only" or "All Participants", describe other pay excluded from definition of Compensation:

A. Testing Compensation

- 26.** Definition of Testing Compensation:
☐ W-2 ☐ Withholding ☐ 415 Safe Harbor

A. Highly Compensated Employee

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

A. Other Definitions

- 32.** Definition of Disability:
☐ Under Code section 22(e) ☐ Under the Social Security Act ☐ Inability to engage in comparable occupation ☐ Pursuant to other Company Disability Plan ☐ Under uniform rules established by the Plan Administrator
- 33.** Name of state or commonwealth for choice of law (Section 14.06):

A. 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

B. Exclusions

- 1.** Exclude Employees covered under a collective bargaining agreement from definition of Eligible Employee:
☐ Yes ☐ No
- 2.** Exclude leased Employees from definition of Eligible Employee:
☐ Yes ☐ No
- 3.** Exclude nonresident aliens from definition of Eligible Employee:
☐ Yes ☐ No
- 4a.** Exclude other Employees from definition of Eligible Employee (any exclusion must satisfy Code section 401(a)):

- ☐ Yes ☐ No
- 4b.** If **B.4a** is "Yes", describe other excluded Employees from definition of Eligible Employee:
- 5.** An Employee may irrevocably elect not to participate in the Plan:
☐ Yes ☐ No

B. Other Employer Service

- 6a.** Count a maximum of five years service with other non-affiliated employers for eligibility purposes:
☐ Yes ☐ No
- 6b.** If **B.6a** is "Yes", list other non-affiliated employers:

B. Break in Service

- 7a. Rule of parity.** If an Employee does not have any nonforfeitable right to Employer contributions, exclude eligibility service before a period of five (5) consecutive One-Year Breaks in Service/Periods of Severance:
☐ Yes ☐ No
- 7b. One-year holdout.** If an Employee has a One-Year Break in Service/Period of Severance, exclude eligibility service before such period until the Employee has completed a Year of Eligibility Service after returning to employment with the Employer:
☐ Yes ☐ No

B. Immediate Participation

- 8a.** If the Plan is a new plan, allow immediate participation to all Eligible Employees on the date specified in **B.8b**:
☐ Yes ☐ No
- 8b.** If **B.8a** is "Yes" Eligible Employees will become eligible to participate in the Plan as of:

B. Eligibility Service Computation Rules

- 9a.** Eligibility Computation Period switch to Plan Year:
☐ Yes ☐ No
- 9b.** 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

B. Non-Elective Contributions

- 30.** Minimum age requirement for Non-Elective Contributions:
☐ None ☐ 21 ☐ 20-1/2 ☐ 20 ☐ 19 ☐ 18
- 31a.** Minimum service requirement for Non-Elective Contributions:
☐ None ☐ two (2) Years ☐ one and one-half (1-1/2) Year ☐ one (1) Year ☐ eleven (11) Months ☐ ten (10) Months ☐ nine (9) Months ☐ eight (8) Months ☐ seven (7) Months ☐ six (6) Months ☐ five (5) Months ☐ four (4) Months ☐ three (3) Months ☐ two (2) Months ☐ one (1) Month ☐ Specified Hours of Service
- 31b.** Eligibility service computation method:
☐ Hours of Service ☐ Elapsed Time
- 31c.** If **B.31b** is "Hours of Service" and **B.31a** is not "None", enter the Hours of Service that must be completed in the period described in **B.31a** (without commas):
- 32a.** In addition to the foregoing, the Plan provides for additional requirements for eligibility to receive allocations of Non-Elective Contributions:
☐ Yes ☐ No
- 32b.** If **B.32a** is "Yes", describe any other eligibility requirements:
- 33a.** Frequency of entry dates for Non-Elective Contributions:
☐ 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 dates

- 33b.** If **B.33a** is not "Immediate" or "other dates", selection of entry date:
[] coincident with or next following [] next following [] coincident with or immediately preceding [] immediately preceding [] nearest to
- 33c.** If **B.33a** is "other dates", describe other entry dates:

C. CONTRIBUTIONS

C. Non-Elective - Service

- 31a.** Require service for a Participant to receive an allocation of Non-Elective Contributions?
[] Yes [] No
- 31b.** If **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):
- 32.** 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
- 33a.i.** Waive service requirement under **C.31** and last day requirement under **C.32** for a Participant who Terminates employment with the Employer during the Plan Year due to death:
[] Yes [] No
- 33a.ii.** Waive service requirement under **C.31** and last day requirement under **C.32** for a Participant who Terminates employment with the Employer during the Plan Year due to Disability:
[] Yes [] No
- 33a.iii.** Waive service requirement under **C.31** and last day requirement under **C.32** 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
- 34.** Method to fix Non-Elective Contribution Code section 410(b) coverage failures (Section 4.03(d)):
[] Do not automatically fix [] Add just enough [] Add all

C. Non-Elective - Formula

- 35.** Non-Elective allocation formula (Section 4.03):
[] Pro rata

C. Non-Elective - Disability

- 39a.** Allocate Non-Elective Contributions to Disabled Participants (Section 4.03(e)):
[] Yes [] No
- 39b.** If **C.39a** is "Yes", select the anniversary of Disability when allocations end:
[] first [] second [] third [] fourth [] fifth [] sixth [] seventh [] eighth
[] ninth [] tenth

C. Non-Elective - Heart

- 39c.** Treat Participant that dies or becomes disabled while performing qualified military service as if he had been employed by the Company on the day preceding death or disability:
[] Yes [] No
- 39d.** If **C.39c** is "Yes", enter effective date (must be on or after January 1, 2007):

C. Rollovers

- 50.** Rollover Contributions are permitted (Section 4.05):
[] No [] Yes - All Eligible Employees [] Yes - Only active Participants

- 51a.** If **C.50** is not "No", Rollover Contributions are permitted from:
[] All permissible plans [] Only qualified plans and conduit IRAs
- 51b.** If **C.50** is not "No" and **C.51a** is "All permissible plans", enter the effective date:

C. 415 Corrections

- 70.** Corrections to Code section 415 violations made to another plan (Section 5.04):
[] Yes [] No
- 71.** If **C.70** is "Yes", name of plan in which 415 corrections will be made:

D. VESTING

D. 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 (1000 maximum 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

D. Other Employer Service

- 5a.** Count a maximum of five years service with other non-affiliated employers for vesting purposes:
[] Yes [] No
- 5b.** If **D.5a** is "Yes", list other non-affiliated employers:

D. Vesting Exceptions

- 6.** Provide for full vesting for a Participant who Terminates employment with the Employer due to death while an Employee (Section 6.02):
[] Yes [] No
- 7.** Provide for full vesting for a Participant who Terminates employment with the Employer due to Disability while an Employee (Section 6.02):
[] Yes [] No

D. Vesting Exclusions

- 8a.** Exclude Years of Vesting Service earned before age 18:
[] Yes [] No
- 8b.** Exclude Years of Vesting Service earned before the Employer maintained this Plan or a predecessor plan:
[] Yes [] No
- 8c.** **One-year holdout.** If an Employee has a 1-Year Break in Service/Period of Severance, exclude Years of Vesting Service before such period until the Employee has completed a Year of Vesting Service after return to employment with the Employer:
[] Yes [] No
- 8d.** **Rule of parity.** If an Employee does not have a nonforfeitable right to the Account balance derived from Employer contributions, exclude Years of Vesting Service before a period of 5 consecutive 1-Year Breaks in Service/Periods of Severance:
[] Yes [] No

D. Non-Elective PPA Vesting

- 30a.** PPA 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

30b. Retain old Non-Elective Vesting for pre 2007 contributions:

☐ Yes ☐ No

31a. Other PPA Non-Elective Schedule - less than 1 year (without % sign):

31b. Other PPA Non-Elective Schedule - 1 year but less than 2 years (without % sign):

31c. Other PPA Non-Elective Schedule - 2 years but less than 3 years (without % sign):

31d. Other PPA Non-Elective Schedule - 3 years but less than 4 years (without % sign):

31e. Other PPA Non-Elective Schedule - 4 years but less than 5 years (without % sign):

31f. Other PPA Non-Elective Schedule - 5 years but less than 6 years (without % sign):

E. DISTRIBUTIONS

E. Normal Retirement

1a. Requirement for Normal Retirement Age:

☐ Age only ☐ Age and Plan Participation

1b. Age component of Normal Retirement Age (not to exceed 65):

☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 59-1/2 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65

1c. If **E.1a** is "Age and Plan Participation", anniversary of participation for Normal Retirement Age:

☐ fifth ☐ fourth ☐ third ☐ second ☐ first

E. 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:

4a. Medium of distribution from the Plan:

☐ Cash only ☐ Cash or in-kind ☐ Cash or in-kind to a specified vendor

4b. If **E.4a** is "specified vendor", enter name of specified vendor:

5a. 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 ☐ Other

5b. If **E.5a** is "Other", describe payment forms that apply uniformly to Participants:

6. Permit distributions in the form of an annuity:

☐ Yes ☐ No

E. 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 ☐ Allow extended payments under spousal exception only

E. ESOP Distributions

10a. Distributions from a Participant's ESOP Accounts may be made over a period longer than the period described in Section 7.02(a)(3):

☐ Yes ☐ No

10b. Distributions from a Participant's ESOP Accounts may be made pursuant to the elections in **E.3**, **E.5** and **E.7**:

☐ Yes ☐ No

11. Distributions from a Participant's ESOP Accounts may be made in Company Stock:

- ☐ Yes ☐ No
12. Apply the distribution rules of Section 7.02(a) and the diversification rules of Section 9.02(b) to Company Stock acquired by the Plan on or before December 31, 1986:
☐ Yes ☐ No
13. Provide for a right of first refusal for distributions payable in Company Stock (Section 7.02(d)(4)):
☐ Yes ☐ No

E. Cash Out

- 15a. Involuntary cash-out amount for purposes of Section 7.03 (not more than 5000 without dollar sign \$ or commas):
- 15b. Involuntary cash-out amount for purposes of Section 7.10 (J&S) (not more than 5000 without dollar sign \$ or commas):
16. Involuntary cash-out of a terminated Participant's Account balance when it exceeds the cash-out amount specified in **E.15a** 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
- 17a. 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
- 17b. If **E.17a** is "Yes", the election shall apply with respect to distributions made on or after:
- 18a. It is necessary to provide an effective date for the cash out amount specified in **E.15**:
☐ Yes ☐ No
- 18b. If **E.18a** is "Yes", enter the effective date of the change in the amount specified in **E.15a**:
- 18c. If **E.18a** is "Yes", enter the effective date of the change in the amount specified in **E.15b**:

E. Spousal Death Benefits

20. 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

E. 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 later of age 70-1/2 or retirement

E. New 401(a)(9) Regulations

31. Effective date of adoption of final 401(a)(9) regulations

F. IN SERVICE WITHDRAWALS/LOANS

F. General

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

F. 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. Skip to **F.20**):
☐ All Accounts ☐ Selected Accounts ☐ None
- 11a. The criteria used in determining whether a Participant is entitled to receive a Hardship withdrawal:
☐ Safe Harbor ☐ Non Safe Harbor

- 11b.** Expand the Hardship criteria to include the beneficiary of the Participant:
☐ Yes ☐ No
- 11c.** If **F.11b** is "Yes", enter the effective date:
- 12a.** If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Non-Elective Contribution Account:
☐ Yes ☐ No
- 12b.** If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Rollover Contribution Account:
☐ Yes ☐ No
- 12c.** If **F.10** is "Selected Accounts", hardship withdrawal is permitted from Transfer Account:
☐ Yes ☐ No

F. 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:
☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 59-1/2 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65
- 22a.** If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Non-Elective Contribution Account.
☐ Yes ☐ No
- 22b.** If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Rollover Contribution Account.
☐ Yes ☐ No
- 22c.** If **F.20** is "Selected Accounts", specified age withdrawal is permitted from Transfer Account.
☐ Yes ☐ No

F. Other Withdrawals

- 30a.** In-service withdrawals allowed from Non-Elective Contribution Accounts after 5 yrs. Participation or on funds held 2 yrs.:
☐ Yes ☐ No
- 30b.** If **F.30a** is "Yes", allow in-service withdrawals after a period certain pursuant to **F.30a** from an Account that constitutes a Participant's ESOP Account:
☐ Yes ☐ No
- 31.** In-service withdrawals allowed from Rollover Account at any time:
☐ Yes ☐ No

F. Loans

- 40.** Loans are permitted (Section 8.06) (If "No", questions regarding loans are disregarded. Skip to **G**):
☐ Yes ☐ No
- 41.** Require showing of financial hardship or unusual or special situation to receive loan:
☐ Yes ☐ No
- 42.** Permit loans in excess of 1/2 of account balance up to \$10,000 with adequate security:
☐ Yes ☐ No
- 43.** Allow extended loan amortization for purchase of principal residence:
☐ Yes ☐ No
- 44.** Minimum loan amount:
☐ None ☐ \$100 ☐ \$200 ☐ \$250 ☐ \$300 ☐ \$400 ☐ \$500 ☐ \$600 ☐ \$700 ☐ \$750 ☐ \$800 ☐ \$900 ☐ \$1,000
- 45.** Maximum number of loans outstanding:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- 46.** If **G.3** does not permit participant self-direction, are loans treated as a segregated investment:
☐ Yes ☐ No
- 47.** 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

G. Permitted Investments

1. Plan may invest assets in Accounts other than ESOP Accounts in life insurance (Section 9.11):
☐ Yes ☐ No
2. Are any assets held in the non-ESOP portion of the plan subject to the diversification requirements for publicly-traded securities:
☐ Yes ☐ No

G. Participant Self Direction

3. Specify the extent to which the Plan permits Participant self direction:
☐ All Accounts other than ESOP Accounts ☐ Some Accounts ☐ None
4. If **G.3** is not "None", Participants may also establish individual brokerage accounts:
☐ Yes ☐ No
5. Participants may exercise voting rights with respect to the assets held in Accounts other than ESOP Accounts (Section 9.06(a)):
☐ Yes ☐ No
- 6a. If **G.3** is "Some Accounts", self direct Non-Elective Contribution Account:
☐ Yes ☐ No
- 6b. If **G.3** is "Some Accounts", self direct Rollover Contribution Account:
☐ Yes ☐ No
- 6c. If **G.3** is "Some Accounts", self direct Transfer Account:
☐ Yes ☐ No

G. Valuation Date

- 7a. Enter Valuation Date for Accounts other than ESOP Accounts (Article 2 Definitions):
☐ Last day of Plan Year ☐ Last day of Plan quarter ☐ Last day of each month ☐ Each business day ☐ Other
- 7b. If **G.7a** is "Other", enter Valuation Date:
- 8a. Enter Valuation Date for ESOP Accounts (Article 2 Definitions and Section 9.10):
☐ Last day of Plan Year ☐ Other
- 8b. If **G.8a.ii** is selected, enter Valuation Date:

G. Plan Administration

- 10a. Designation of Plan Administrator (Section 12.01):
☐ Plan Sponsor ☐ Committee appointed by Plan Sponsor ☐ Other
- 10b. If **G.10a** is "Other", Name of Plan Administrator:
11. Establishment of procedures for the Plan Administrator and the Investment Fiduciary (Sections 12.01(c) and 12.02(c)):
☐ Plan fiduciary adopts own procedures ☐ Board sets procedures
- 12a. Type of indemnification for the Plan Administrator and Investment Fiduciary:
☐ None ☐ Standard ☐ Custom
- 12b. If **G.12a** is "Custom", enter indemnification for the Plan Administrator and Investment Fiduciary:

G. Qualified Domestic Relations Orders

13. Allow distribution of ESOP Accounts to an Alternate Payee prior to the date the Participant has a Termination of Employment or reaches his earliest retirement age (Section 14.02(b)):
☐ Yes ☐ No

G. Trust

20. Trust Agreement is contained in a document separate from the Basic Plan Document.
☐ No ☐ Yes
21. Trustee Type
☐ Corporate ☐ Individual
22. If **G.21** is "Corporate", enter Trustee address:
23. Number of Trustee signature lines:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- 23a. Name of first Trustee or Corporate Trustee:
- 23b. Name of second Trustee:
- 23c. Name of third Trustee:
- 23d. Name of fourth Trustee:
- 23e. Name of fifth Trustee:
- 24a. Type of Trustee Indemnification:
☐ Standard ☐ Custom
- 24b. If **G.24a** is "Custom", enter indemnification for the Trustee:
25. If **G.20** is "No", the Trustees may designate one Trustee to act on behalf of all Trustees:
☐ Yes ☐ No
- 26a. The Trustee is also the Investment Fiduciary (Section 10.06):
☐ Yes ☐ No
- 26b. If **G.26a** is "No", enter the name of the Investment Fiduciary:

H. TOP HEAVY

H. Top Heavy Plans

1. Plan to which Top-Heavy allocations are made:
☐ This Plan ☐ Pursuant to the terms of another plan
2. If **H.1** is "another plan", name of other Plan to which Top-Heavy allocations are made:
3. If **H.1** is "This Plan", type of other plan maintained by the Company that covers employees eligible to participate in this Plan:
☐ N/A - No other plan ☐ Defined Contribution ☐ Defined Benefit

H. Top Heavy Allocations

4. If **H.1** is "This Plan", Participants who share in Top-Heavy minimum allocations:
☐ Non-Key only ☐ All Participants

H. Top Heavy Vesting

5. Top-Heavy vesting schedule:
☐ 100% ☐ 2-6 Year Graded ☐ 3 Year Cliff ☐ Other
- 6a. Other Top-Heavy Schedule - less than 1 year (without % sign):
- 6b. Other Top-Heavy Schedule - 1 year but less than 2 years (without % sign):
- 6c. Other Top-Heavy Schedule - 2 years but less than 3 years (without % sign):
- 6d. Other Top-Heavy Schedule - 3 years but less than 4 years (without % sign):
- 6e. Other Top-Heavy Schedule - 4 years but less than 5 years (without % sign):
- 6f. Other Top-Heavy Schedule - 5 years but less than 6 years (without % sign):

H. Present Value Assumptions

- 7a. Enter the interest rate to be used for determining Present Value to compute the top-heavy ratio (without % sign):
- 7b. Enter the mortality table to be used for determining Present Value to compute the top-heavy ratio:

I. CUSTOM LANGUAGE APPENDICES

I. Custom Language

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

I. Custom Effective Date

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

J. ADMINISTRATIVE ELECTIONS

J. General

1. Indicate the employee identification method that is used on all forms:
☐ Employee ID ☐ Social Sec Number ☐ None

J. Joinder Agreement

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

J. Annual Notice (automatic enrollment, safe harbor notice and/or QDIA)

- 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:

J. QDIA Information (Annual Notice)

- 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:

J. Distributions

60. Indicate how a rollover check will be distributed (Distribution Election Form):
☐ Mail to participant ☐ Deliver to participant ☐ Mail to rollover institution ☐ Participant option
- 62a. If **E.8** is greater than \$1,000, enter the name of the IRA provider for mandatory rollovers (Special Tax Notice, SPD):
- 62b. If **E.8** is greater than \$1,000, describe how fees and expenses of the IRA will be allocated (SPD):

J. Plan Expenses (SPD)

- 70a. Indicate whether the Plan will charge Participants for various plan expenses:
☐ Yes ☐ No
- 70b. If **J.70a** is "Yes" Indicate whether the plan expenses information should appear in the body of the Summary

Plan Description (SPD) or as an addendum to the SPD:

☐ SPD body ☐ Addendum

71a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of receiving a distribution after termination of employment:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

71b. If **J.71a** is not 'None', describe the expenses:

72a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of determining required minimum distributions:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

72b. If **J.72a** is not 'None', describe the expenses:

73a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of receiving a hardship withdrawal:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

73b. If **J.73a** is not 'None', describe the expenses:

74a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of receiving an inservice withdrawal other than hardship:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

74b. If **J.74a** is not 'None', describe the expenses:

75a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of processing a QDRO:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

75b. If **J.75a** is not 'None', describe the expenses:

76a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of operating the Plan:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

76b. If **J.76a** is not 'None', describe the expenses:

77a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with the expenses of establishing a brokerage account:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

77b. If **J.77a** is not 'None', describe the expenses:

78a. If **J.70a** is 'Yes', indicate whether/which Participants will be charged with expenses other than those described above:

☐ None ☐ all Participants ☐ terminated Participants only ☐ active Participants only

78b. If **J.78a** is not 'None', describe the services for which participants will be charged:

78c. If **J.78a** is not 'None', describe the expenses:

J. Loans

80a. A Participant may obtain a loan from all of his accounts (Loan Procedures Form):

☐ 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, for use in Loan Procedures Form):

☐ Yes ☐ No ☐ Unknown

82. Indicate whether a loan becomes payable in full on termination (Loan Procedures Form and Promissory Note):

☐ Yes ☐ No

83. Indicate the extent to which prepayment is permitted (Loan Procedures Form and Promissory Note):

☐ None ☐ Prepay in full only ☐ Prepay in full or in part

84. Indicate the interest rate that will apply to plan loans (Loan Procedures Form and Promissory Note):

85. Indicate whether loans will be repaid by payroll deduction (Loan Procedures Form and Loan Request Form):

☐ Yes ☐ No

86. Indicate the loan repayment frequency (Loan Procedures Form and Loan Request Form):

☐ pay period ☐ month ☐ quarter

87a. Indicate whether the plan imposes a loan processing fee (Loan Procedures Form and SPD):

☐ Yes ☐ No

- 87b.** If **J.87a** is "Yes", enter the loan processing fee (Loan Procedures Form and SPD):
- 88a.** Indicate whether the plan imposes an ongoing loan maintenance fee (Loan Procedures Form and SPD):
[] 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 (Loan Procedures Form and Promissory Note):
[] 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

J. SPD Custom Language

- 100.** Enter custom language to appear as an addendum to the Summary Plan Description: