

## Prototype Non-Standardized 401(k)

### 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:
- 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:

#### Plan Features

- 10a. Elective Deferrals are permitted (Section 4.01):  
 Yes  No
- 10b. If **A.10a** is "Yes" (Elective Deferrals allowed), enter effective date of final 401(k)-(m) regulations:
- 10c. If **A.10a** is "Yes" (Elective Deferrals allowed), Roth Elective Deferrals are permitted:  
 Yes  No
- 10d. If **A.10a** is "Yes" (Elective Deferrals allowed) and **A.10c** is "Yes" (Roth Elective Deferrals permitted), enter the effective date for Roth Elective Deferrals:
11. Voluntary (after-tax) Contributions are permitted (If "No", questions regarding Voluntary Contributions are disregarded):  
 Yes  No  Formerly Allowed
12. Matching Contributions are permitted (If "No", questions regarding Matching Contributions are disregarded):  
 Yes  No
13. Profit Sharing Contributions are permitted (If "No", questions regarding Profit Sharing Contributions are disregarded):  
 Yes  No
- 14a. The effective date of all of the Plan features specified in **A.10a**, **A.11**, **A.12** and **A.13** is the date specified in **A.3**:  
 Yes  No
- 14b. If **A.14a** is "No", specify the special effective date(s):
- 14c.i. Indicate whether a previous amendment eliminated one of the features specified in **A.10 - A.13**:  
 Yes  No
- 14c.ii. If **A.14c.i** is "Yes", specify the provisions that apply to the eliminated features:

#### Compensation

- 15a. Definition of Compensation:  
 W-2  Withholding  415 Safe Harbor

- 15b.** For purposes of allocating Employer Contributions, Compensation is determined over the period specified below ending with or within the Plan Year:  
 Plan Year  calendar year  Plan Sponsor Fiscal Year  Limitation Year
- 16a.** Include **Post Severance Compensation**:  
 Yes  No
- 16b.i.** **A.16a** applies for Elective Deferrals and Voluntary Contributions:  
 Yes  No
- 16b.ii.** **A.16a** applies for Matching Contributions:  
 Yes  No
- 16b.iii.** **A.16a** applies for Nonelective Contributions:  
 Yes  No
- 16c.** **A.16a** is "Yes", effective date of inclusion of Post Severance Compensation shall be limitation years beginning on of after:
- 17a.** Compensation is determined using Post Year End Compensation:  
 Yes  No
- 17b.** If **A.17a** is "Yes", effective date of using Post Year End Compensation shall be limitation years beginning on of after:
- 18a.** Include deferrals in definition of Compensation:  
 Yes  No
- 18b.i.** If **A.18a** is "Yes", deferrals included for purposes of Matching Contributions:  
 Yes  No
- 18b.ii.** If **A.18a** is "Yes", deferrals included for purposes of Nonelective Contributions:  
 Yes  No
- 19.** Include deemed Code section 125 compensation in definition of Compensation:  
 Yes  No

### Compensation Exclusions

- 20a.** Exclude **pay earned before participation** in Plan from definition of Compensation:  
 Yes  No
- 20b.i.** **A.20a** applies for Matching Contributions:  
 Yes  No
- 20b.ii.** **A.20a** applies for Nonelective Contributions:  
 Yes  No
- 21a.** Exclude **certain fringe benefits** from definition of Compensation:  
 Yes  No
- 21b.i.** **A.21a** applies for Elective Deferrals and Voluntary Contributions:  
 Yes  No
- 21b.ii.** **A.21a** applies for Matching Contributions:  
 Yes  No
- 21b.iii.** **A.21a** applies for Nonelective Contributions:  
 Yes  No
- 22a.** Exclude other pay from definition of Compensation for the following Participants:  
 None  HCEs only  All Participants
- 22b.** If **A.22a** is "HCEs only" or "All Participants", describe other pay excluded and indicate for what purposes (e.g., Elective Deferrals, Matching, etc.) the Compensation is excluded

### Testing Compensation

- 23.** Definition of Testing Compensation:  
 W-2  Withholding  415 Safe Harbor
- 24.** Include deemed Code section 125 compensation in definition of Compensation and Testing Compensation:  
 Yes  No

### Highly Compensated Employee

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

**Other Definitions**

27. 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
28. Name of state or commonwealth for choice of law:

**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**

- 1a. Exclude Employees covered under a **collective bargaining agreement** from definition of Eligible Employee:  
 Yes  No
- 1b.i. **B.1a** applies for purposes of Elective Deferrals and Voluntary Contributions:  
 Yes  No
- 1b.ii. **B.1a** applies for purposes of Matching Contributions:  
 Yes  No
- 1b.iii. **B.1a** applies for purposes of Profit Sharing Contributions:  
 Yes  No
- 2a. Exclude **leased Employees** from definition of Eligible Employee:  
 Yes  No
- 2b.i. **B.2a** applies for purposes of Elective Deferrals and Voluntary Contributions:  
 Yes  No
- 2b.ii. **B.2a** applies for purposes of Matching Contributions:  
 Yes  No
- 2b.iii. **B.2a** applies for purposes of Profit Sharing Contributions:  
 Yes  No
- 3a. Exclude **nonresident aliens** from definition of Eligible Employee:  
 Yes  No
- 3b.i. **B.3a** applies for purposes of Elective Deferrals and Voluntary Contributions:  
 Yes  No
- 3b.ii. **B.3a** applies for purposes of Matching Contributions:  
 Yes  No
- 3b.iii. **B.3a** applies for purposes of Profit Sharing Contributions:  
 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 and indicate for what purposes (e.g., Elective Deferrals, Matching, etc.) the Employees are excluded:

#### Other Employer Service

- 6a.** Count service with other non-affiliated employers for eligibility purposes:

Yes  No

- 6b.** If **B.6a** is "Yes", list other non-affiliated employers and indicate for what purposes (e.g., Elective Deferrals, Matching, etc.) the service applies:

#### 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

#### Special Participation Date

- 8a.** Allow immediate participation for all Eligible Employees employed on the date specified in **B.8b**:

Yes  No

- 8b.i.** If **B.8a** is "Yes", the special participation rule shall apply to all Eligible Employees employed on:

- 8b.ii.** If **B.8a** is "Yes", the Eligible Employees employed on the date specified in **B.8b.i** shall become eligible to participate in the Plan as of:

- 8c.** If **B.8a** is "Yes", does the Plan provide any conditions or limitations on immediate participation:

Yes  No

- 8d.** If **B.8a** is "Yes" and **B.8c** is "Yes", describe the conditions or limitations and indicate for what purposes (e.g., Elective Deferrals, Matching, etc.) the limitations or limitations apply:

#### Eligibility Service Computation Rules (Hours of Service Only)

- 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

- 9c.** If **B.9b** is not "None", the equivalency shall apply to the following employees:

All Employees  Only Employees not paid on a per-hour basis

#### Elective Deferrals/Voluntary Contributions

- 10.** Minimum age requirement for Elective Deferrals/Voluntary Contributions:

None  21  20-1/2  20  19  18

- 11a.** Minimum service requirement for Elective Deferrals/Voluntary Contributions:

None  one (1) Year  nine (9) Months  six (6) Months  five (5) Months  four (4) Months  three (3) Months  two (2) Months  one (1) Month  Specified Hours of Service

- 11b.** Eligibility service computation method:

Hours of Service  Elapsed Time

- 11c.** If **B.11b** is "Hours of Service" and **B.11a** is not "None", enter the Hours of Service that must be completed in the period described in **B.11a** (without commas):

- 12a.** In addition to the foregoing, the Plan provides for additional requirements for eligibility to make Elective Deferrals/Voluntary Contributions:

Yes  No

**12b.** If **B.12a** is "Yes", describe any other eligibility requirements:

**13a.** Frequency of entry dates for Elective Deferrals/Voluntary 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

**13b.** If **B.13a** is not "Immediate" or "other dates", selection of entry date:

coincident with or next following  next following

**13c.** If **B.13a** is "other dates", describe other entry dates:

### Matching Contributions

**20.** Minimum age requirement for Matching Contributions:

None  21  20-1/2  20  19  18

**21a.** Minimum service requirement for Matching Contributions:

None  two (2) Years  one and one-half (1-1/2) Year  one (1) Year  nine (9) Months  six (6) Months  five (5) Months  four (4) Months  three (3) Months  two (2) Months  one (1) Month  Specified Hours of Service

**21b.** Eligibility service computation method:

Hours of Service  Elapsed Time

**21c.** If **B.21b** is "Hours of Service" and **B.21a** is not "None", enter the Hours of Service that must be completed in the period described in **B.21a** (without commas):

**22a.** In addition to the foregoing, the Plan provides for additional requirements for eligibility to receive allocations of Matching Contributions:

Yes  No

**22b.** If **B.22a** is "Yes", describe any other eligibility requirements:

**23a.** Frequency of entry dates for Matching 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

**23b.** If **B.23a** 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

**23c.** If **B.23a** is "other dates", describe other entry dates:

### Profit Sharing Contributions

**30.** Minimum age requirement for Profit Sharing Contributions:

None  21  20-1/2  20  19  18

**31a.** Minimum service requirement for Profit Sharing Contributions:

None  two (2) Years  one and one-half (1-1/2) Year  one (1) Year  nine (9) 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 Profit Sharing Contributions:

Yes  No

**32b.** If **B.32a** is "Yes", describe any other eligibility requirements:

**33a.** Frequency of entry dates for Profit Sharing 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

### ADP/ACP Safe Harbor

- 1a.** Is this a safe-harbor plan exempt from most testing?  
 No  Yes - safe harbor match  Yes - nonelective contribution  Yes - nonelective contribution with follow-up notice  Yes - QACA safe harbor match  Yes - QACA nonelective contribution  Yes - to another plan
- 1b.** If **C.1** is not "No", indicate the safe harbors the Plan is intended to satisfy:  
 ADP and ACP  ADP only
- 1c.** If **C.1a** is "QACA", enter the amount of the election for the initial period as percentage of Compensation (3 -> 10):
- 1d.** If **C.1a** is "QACA", enter the amount of the election for the first year after the initial period as a percentage of Compensation (4 -> 10):
- 1e.** If **C.1a** is "QACA", enter the amount of the election for the second year after the initial period as a percentage of Compensation (5 -> 10):
- 1f.** If **C.1a** 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):
- 1g.** If **C.1a** 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
- 2.** If **C.1** is not "No", enter effective date of safe harbor provisions:
- 3.** If **C.1** is "to another plan", name of other plan to which safe harbor contributions are made:
- 4a.** 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)
- 4b.** If **C.1** is "nonelective", and **C.4a** is "All Participants", require service for Highly Compensated Employees to receive safe harbor nonelective contribution:  
 Yes  No
- 4c.** If **C.1** is "nonelective", **C.4a** is "All Participants", and **C.4b** is "Yes", Hours of Service required in the Plan Year for Highly Compensated Employees to receive safe harbor nonelective contribution (1000 maximum without commas):
- 4d.** If **C.1** is "nonelective" and **C.4a** 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

- 5a.** Minimum Elective Deferral contribution:  
 None  one percent (1%)  two percent (2%)  three percent (3%)
- 5b.** Maximum Elective Deferral contribution:  
 five percent (5%)  ten percent (10%)  fifteen percent (15%)  twenty percent (20%)  twenty-five percent (25%)  thirty percent (30%)  forty percent (40%)  fifty percent (50%)  fifty-five percent (55%)  sixty percent (60%)  sixty-five percent (65%)  seventy percent (70%)  seventy-five percent (75%)  eighty percent (80%)  eighty-five percent (85%)  ninety percent (90%)  ninety-five percent (95%)  one hundred percent (100%)
- 5c.** Indicate whether a lower maximum Elective Deferral contribution applies for HCEs:  
 Yes  No
- 5d.** If **C.5c** is "Yes", enter the lower maximum Elective Deferral contribution for HCEs:  
 five percent (5%)  ten percent (10%)  fifteen percent (15%)  twenty percent (20%)  twenty-five percent (25%)  thirty percent (30%)  forty percent (40%)  fifty percent (50%)  fifty-five percent (55%)  sixty percent (60%)  sixty-five percent (65%)  seventy percent (70%)  seventy-five percent (75%)  eighty percent (80%)  eighty-five percent (85%)  ninety percent (90%)  ninety-five percent (95%)  one hundred percent (100%)
- 6a.** 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
- 6b.** May Participants stop election to contribute at any time?  
 Yes  No
- 7a.** Should Plan provide for automatic enrollment?  
 No  Yes - Static percentage  Yes - Increasing percentage
- 7b.** If **C.7a** is not "No", amount of automatic enrollment election:
- 7c.** If **C.7a** is "Yes - Increasing percentage", the amount specified in **C.7b** shall increase in the following manner:
- 7d.** If **C.1.iv**, **C.1.v**, or **C.7a** are "Yes" (the Plan provides for automatic enrollment), does the Plan intend to be an eligible automatic contribution arrangement (EACA):  
 Yes  No
- 7e.** If **C.7d** is "Yes", enter effective date of EACA refunds (enter January 1, 2008 or a later date):
- 8a.** Allow Participants to make EGTRRA catch-up contributions  
 Yes  No
- 8b.** If **C.8a** is "Yes", the election shall apply with respect to contributions on or after
- 8c.** If **C.8a** is "Yes", the Company will include a Participant's EGTRRA catch-up contributions in the definition of Matched Employee Contributions:  
 Yes  No

### Testing Elections

- 9a.** Actual Deferral Ratios of Nonhighly Compensated Employees are determined using:  
 Current year - no exceptions  Current year - with exceptions  Prior year - no exceptions  Prior year - with exceptions
- 9b.** If **C.9a** is "with exceptions", enter years for which exceptions apply:
- 9c.** If **C.9a** is "Prior year" and the Plan is a new 401(k) plan, designate NHCE percentage for first Plan Year:  
 3%  Current year percentages
- 10a.** Actual Contribution Ratios of Nonhighly Compensated Employees are determined using:  
 Current year - no exceptions  Current year - with exceptions  Prior year - no exceptions  Prior year - with exceptions
- 10b.** If **C.10a** is "with exceptions", enter years for which exceptions apply:
- 10c.** If **C.10a** is "Prior year" and the Plan is a new 401(k) plan, designate NHCE percentage for first Plan Year:  
 3%  Current year percentages

### Voluntary Contributions

- 11.** If **A.11** is "Yes" (Voluntary Contribution allowed), Minimum Voluntary Contribution:  
 None  one percent (1%)  two percent (2%)  three percent (3%)
- 12.** If **A.11** is "Yes", Maximum Voluntary Contribution:  
 five percent (5%)  ten percent (10%)  fifteen percent (15%)  twenty percent (20%)  twenty-five percent (25%)  thirty percent (30%)  forty percent (40%)  fifty percent (50%)  fifty-five percent (55%)  sixty percent (60%)  sixty-five percent (65%)  seventy percent (70%)  seventy-five percent (75%)  eighty percent (80%)  eighty-five percent (85%)  ninety percent (90%)  ninety-five percent (95%)  one hundred percent (100%)
- 13.** If **A.11** is "Yes", Maximum of total combined Elective Deferral/Voluntary Contribution:  
 None  five percent (5%)  ten percent (10%)  fifteen percent (15%)  twenty percent (20%)  twenty-five percent (25%)  thirty percent (30%)  forty percent (40%)  fifty percent (50%)  fifty-five percent (55%)  sixty percent (60%)  sixty-five percent (65%)  seventy percent (70%)  seventy-five percent (75%)  eighty percent (80%)  eighty-five percent (85%)  ninety percent (90%)  ninety-five percent (95%)  one hundred percent (100%)
- 14.** If **A.11** is "Yes", the Company will include a Participant's Voluntary Contributions in the definition of Matched Employee Contributions:  
 Yes  No

### 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 (1000 maximum 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.20/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 and 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 and 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 and 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 fourth 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 to a maximum amount/percentage in each Plan Year:  
 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", enter the maximum percentage or dollar amount (without \$ or % signs 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  Prorata as of each allocation period

### Profit Sharing - Service

- 30a.** A Participant will receive an allocation of Profit Sharing 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 Profit Sharing 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 Profit Sharing 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 Profit Sharing 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.32a** 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 Profit Sharing Contribution Code section 410(b) ratio percentage coverage failures:  
 Do not automatically fix  Add just enough  Add all

### Profit Sharing - Formula

- 35a.** Profit Sharing allocation formula:  
 Pro rata  Integrated  Points  Fixed Amount  Age Weighted  New Comparability - Defined Groups  New Comparability - One Group per Participant
- 35a.viii.** Plan also provides for a Davis Bacon allocation formula:  
 Yes  No
- 35a.viii.** If **C.35a.viii** is selected, the prevailing wage allocations will offset any other Profit Sharing allocations that would otherwise be made to a Participant:  
 Yes  No
- 35a.ix.** Plan also provides for an allocation formula required under a collective bargaining agreement:  
 Yes  No
- 35a.ix.** If **C.35a.ix** is selected, collective bargaining allocations will offset any other Profit Sharing allocations that would otherwise be made to a Participant:  
 Yes  No
- 35b.** Profit Sharing 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.** Profit Sharing Contributions are subject to a minimum amount:  
 Yes  No
- 35c.ii.** If **C.35c.i** is "Yes", enter the minimum amount:
- 35d.i.** Profit Sharing Contributions are subject to a maximum amount:  
 Yes  No
- 35d.ii.** If **C.35d.i** is "Yes", enter the maximum amount:

### Profit Sharing - 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

### Profit Sharing - New Comparability

- 37.** If **C.35** is "New Comparability - Defined Groups", number of New Comparability groups  
 2  3  4  5
- 37a.i.** If **C.35** is "New Comparability - Defined Groups", members of Group One:
- 37a.ii.** If **C.35** is "New Comparability - Defined Groups", members of Group Two:

- 37a.iii. If C.35 is "New Comparability - Defined Groups", members of Group Three:
- 37a.iv. If C.35 is "New Comparability - Defined Groups", members of Group Four:
- 37a.v. If C.35 is "New Comparability - Defined Groups", members of Group Five:
- 37b.i. If C.35 is "New Comparability", indicate the gateway to be used in nondiscrimination testing:  
 Standard  Other
- 37b.ii. If C.35 is "New Comparability" and 37b.i is "Other", indicate the other gateway to be used in nondiscrimination testing:

**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:

**Profit Sharing - Disability**

- 39a. Allocate Profit Sharing Contributions to Disabled Participants:  
 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

**Qualified Nonelective Contributions**

- 40. Qualified Nonelective Contributions will be made on behalf of:  
 All Participants  Nonhighly Compensated Employees only
- 41a. Require service to receive Qualified Nonelective Contribution?  
 Yes  No
- 41b. If C.41a is "Yes", Hours of Service required in the applicable Plan Year to receive Qualified Nonelective Contribution (1000 maximum without commas):
- 42. Require employment by the Company on last day of Plan Year to receive Qualified Nonelective Contribution?  
 Yes  No
- 43a. Indicate whether any modifications shall be made to C.40 - C.42:  
 Yes  No
- 43b. If C.43c is "Yes", describe the modifications:
- 44a. The Company's Qualified Nonelective Contribution (in addition to any safe harbor nonelective contribution made pursuant to C.1) shall be allocated:  
 Pro rata  Fixed Amount  Bottom Up  Other
- 44b. If C.44a is "Other", describe the formula:
- 44c. Plan also provides for a Davis Bacon allocation formula:  
 Yes  No
- 44d. If C.44c is selected, the prevailing wage allocations will offset any other Qualified Nonelective Contribution allocations that would otherwise be made to a Participant:  
 Yes  No

**Rollovers**

- 50. Rollover Contributions are permitted:  
 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:

## **SIMPLE 401(k)**

- 60a.** The Plan is intended to be a SIMPLE 401(k) Plan  
 Yes  No
- 60b.** If **C.60a** is "Yes", amount of Compensation to be eligible for SIMPLE Plan (Cannot be greater than 5000) without \$ sign or comma:

## **Deemed IRAs**

- 61a.** The Plan may accept voluntary contributions to deemed IRAs  
 Yes  No
- 61b.** If **C.61a** is "Yes", enter effective date:

## **415 Corrections**

- 70.** Corrections to Code section 415 violations made first to another plan:  
 Yes  No
- 71.** Order of correction for section 415 violations:  
 Employer contributions first  Participant contributions first
- 72.** Method of correction of Employer contributions for section 415 violations:  
 Reduce Company contributions  Reallocate to other Participants
- 73.** If **C.70** is "Yes", name of plan in which 415 corrections will be made:

## **D. VESTING**

### **Vesting Service Computation Rules (Hours of Service Only):**

- 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):
- 3a.** 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
- 3b.** If **D.1** is "Hours of Service", and **D.3a** is not "None", the equivalency shall apply to:  
 All Employees  Only Employees not paid on a per-hour basis
- 4a.** Vesting Computation Period:  
 Calendar year  Plan Year  Anniversaries of employment date  Other
- 4b.** If **D.4a** is "Other", describe the Vesting Computation Period:

### **Other Employer Service**

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

### **Vesting Exceptions**

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

### **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 Employer contributions, exclude Years of Vesting Service earned before a period of 5 consecutive 1-Year Breaks in Service/Periods of Severance:  
 Yes  No

### Special Vesting Provisions

- 9a.** Provide for special vesting provisions:  
 Yes  No
- 9b.** If **D.9a** is "Yes", describe special vesting provisions:

### 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 **D.10** is not "100%", the following Matching Contributions are 100% vested if the Plan provides for safe harbor Matching Contributions  
 All fixed Matching Contributions  Only basic safe harbor Matching Contributions

### Profit Sharing

- 20.** Profit Sharing Contribution Account Vesting Schedule:  
 100%  3-7 Year Graded  2-6 Year Graded  1-5 Year Graded  1-4 Year Graded  5 Year Cliff  3 Year Cliff  2 Year Cliff  Other
- 21a.** Other Profit Sharing Schedule - less than 1 year (without % sign):
- 21b.** Other Profit Sharing Schedule - 1 year but less than 2 years (without % sign):
- 21c.** Other Profit Sharing Schedule - 2 years but less than 3 years (without % sign):
- 21d.** Other Profit Sharing Schedule - 3 years but less than 4 years (without % sign):
- 21e.** Other Profit Sharing Schedule - 4 years but less than 5 years (without % sign):
- 21f.** Other Profit Sharing Schedule - 5 years but less than 6 years (without % sign):
- 21g.** Other Profit Sharing Schedule - 6 years but less than 7 years (without % sign):

### Other Vesting

- 31a.** Plan has a vesting schedule other than the schedules described above:  
 Yes  No
- 31b.** If **D.31a** is "Yes", describe the other schedule:
- 31c.** If **D.31a** is "Yes", describe the Participants to which the other schedule applies:

### PPA Profit Sharing (Not used in Plan Document)

- 32a.** PPA Profit Sharing Contribution Account Vesting Schedule:  
 100%  2-6 Year Graded  1-5 Year Graded  1-4 Year Graded  3 Year Cliff  2 Year Cliff  Other
- 32b.** Retain old Profit Sharing Vesting for pre 2007 contributions:  
 Yes  No
- 33a.** Other PPA Profit Sharing Schedule - less than 1 year (without % sign):
- 33b.** Other PPA Profit Sharing Schedule - 1 year but less than 2 years (without % sign):
- 33c.** Other PPA Profit Sharing Schedule - 2 years but less than 3 years (without % sign):
- 33d.** Other PPA Profit Sharing Schedule - 3 years but less than 4 years (without % sign):
- 33e.** Other PPA Profit Sharing Schedule - 4 years but less than 5 years (without % sign):
- 33f.** Other PPA Profit Sharing Schedule - 5 years but less than 6 years (without % sign):

### QACA Vesting

- 40.** Specify the vesting schedule for QACA contributions:  
 100%  2 Year Cliff  Other
- 41a.** Other QACA Schedule - less than 1 year (without % sign):
- 41b.** 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
- 1b.** Age component of Normal Retirement Age (not to exceed 65 - deemed to be 59-1/2 for Electives and QNECs if lesser age is entered):  
 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
- 1d.** Allow in-service distributions after attainment of Normal Retirement Age:  
 Yes  No
- 1e.** If **E.1d** is "Yes", describe the Accounts from which distributions may be made:

#### Early Retirement

- 2a.** Early Retirement Age means:  
 None  Age only  Later of age and participation
- 2b.** If **E.2a** is not "None", age component of Early Retirement Age (not to exceed 65 - deemed to be 59-1/2 for Electives and QNECs if lesser age is entered):
- 2c.** If **E.2a** is "Later of age and participation", enter anniversary of participation (e.g., "fifteenth" or "twentieth"):
- 2d.** If **E.2a** is not "None", allow in-service distributions after attainment of Early Retirement Age:  
 Yes  No
- 2e.** If **E.2a** is not "None" and **E.2d** is "Yes", describe the Accounts from which in-service distributions may be made:
- 2f.** If **E.2a** is not "None", provide for 100% vesting upon the attainment of Early Retirement Age while an Employee  
 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:  
 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.i.** Unless otherwise elected by the Participant, distributions shall be made in the form of:  
 Lump sum only  Qualified Joint and Survivor Annuity
- 5a.ii.** If **E.5a.i** is "QJSA", enter percentage of survivor portion of Qualified Joint and Survivor Annuity (50-100 without % sign):
- 5b.** 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
- 5c.** If **E.5b** is "Other", describe payment forms that apply uniformly to Participants:
- 6a.** Permit distributions in the form of an annuity:  
 Yes  No
- 6b.** To the extent that a Participant's Account is subject to the survivor annuity rules of Section 7.10, the spouse of a married Participant shall be the beneficiary of the following percentage of such Participant's Account (No less than 50%):

### 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

### Cash Out

- 8a.** Involuntary cash-out amount for purposes of Section 7.03 (\$5,000 maximum):
- 8b.** Involuntary cash-out amount for purposes of Section 7.10 (J&S consent requirements) (\$5,000 maximum):
- 9.** Involuntary cash-out of a terminated Participant's Account balance when it exceeds the cash-out amount specified in **E.8** is deferred 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 amounts specified in **E.8**:  
 Yes  No
- 11b.** If **E.11a** is "Yes", enter the effective date of the change in the amount specified in **E.8a**:
- 11c.** If **E.11a** is "Yes", enter the effective date of the change in the amount specified in **E.8b**:

### Transfer from Pension Plan

- 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

### 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

### Required Minimum Distribution Regulation Effective Dates

- 31.** The Plan adopted the 2001 Proposed Regulations regarding Required Minimum Distributions:  
 No  Yes - effective 2001  Yes - effective 2002

32. Effective date of adoption of the 2002 Final and Temporary Regulations regarding Required Minimum Distribution  
 2002  2003

**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 (If "None", questions regarding Hardship withdrawals are disregarded. Skip to **F.20**):  
 All Accounts  Selected Accounts  None
- 11a. Expand the Hardship criteria to include the beneficiary of the Participant:  
 Yes  No
- 11b. If **F.11a** is "Yes", enter the effective date:
- 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 Profit Sharing 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**:  
 All Accounts  Selected Accounts  None
21. In-service withdrawal permitted after age (deemed to be 59-1/2 for Electives and QNECs if lesser age is entered):  
 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 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 Profit Sharing 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**

- 30a.** In-service withdrawals allowed from Matching Contribution Account after a specified number of years of Participation:  
 Yes  No
- 30b.** In-service withdrawals allowed from Profit Sharing Contribution Account after a specified number of years of Participation:  
 Yes  No
- 30c.** If **F.30a** or **F.30b** is "Yes", enter the number of years participation (no less than 5)
- 31a.** In-service withdrawals allowed from Matching Contribution Accounts on funds held for a specified period:  
 Yes  No
- 31b.** In-service withdrawals allowed from Profit Sharing Contribution Account on funds held for a specified period:  
 Yes  No
- 31c.** If **F.31a** or **F.31b** is "Yes", enter the number of years funds must be held in plan (no less than 2)
- 32a.** In-service withdrawals allowed from Voluntary Contribution Account at any time:  
 Yes  No
- 32b.** In-service withdrawals allowed from Rollover Account at any time:  
 Yes  No
- 33a.** Permit Qualified Reservist Distributions:  
 Yes  No
- 33b.** If **F.33a** is "Yes", enter the effective date:

**Loans**

- 40.** Loans are permitted (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**

**Permitted Investments**

- 1a.** Plan may invest in "qualifying employer securities" and "qualifying employer real property"  
 Yes  No
- 1b.** If **G.1a** is "Yes", are the securities publicly-traded and subject to the diversification requirements:  
 Yes  No
- 2.** Plan may invest in life insurance:  
 Yes  No

### Participant Self Direction

- 3.** Specify the extent to which the Plan permits Participant self direction and indicate the Plan's intent to comply with ERISA section 404(c) (If "None", questions regarding Participant self direction are disregarded. Skip to **G.7a**):  
 All Accounts with 404(c)  All Accounts w/o 404(c)  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 following investments (If **G.1** is "Yes" and **G.3** is "All Accounts with 404(c)" then voting rights may not be "None"):  
 None  Company stock only  All investments
- 6a.** If **G.3** is "Some Accounts", self direct Elective Deferral Account:  
 Yes  No
- 6b.** If **G.3** is "Some Accounts", self direct Matching Contribution Account:  
 Yes  No
- 6c.** If **G.3** is "Some Accounts", self direct Voluntary Contribution Account:  
 Yes  No
- 6d.** If **G.3** is "Some Accounts", self direct Profit Sharing Contribution Account:  
 Yes  No
- 6e.** If **G.3** is "Some Accounts", self direct Qualified Nonelective Contribution Account:  
 Yes  No
- 6f.** If **G.3** is "Some Accounts", self direct Rollover Contribution Account:  
 Yes  No
- 6g.** If **G.3** is "Some Accounts", self direct Transfer Account:  
 Yes  No

### Valuation Date

- 7a.** Enter Valuation Date (if **G.3** 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
- 7b.** If **G.7a** is "Other", enter Valuation Date:

### Plan Administration

- 10a.** Designation of Plan Administrator:  
 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:  
 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:

### Trust

- 20.** Trust Agreement is contained in a document separate from the 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. If **G.20** is "No", enter type of Trustee Indemnification:  
 Standard  Custom
- 24b. If **G.20** is "No" and **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**

### **Top Heavy Plans**

- 1a. Plan to which Top-Heavy allocations are made:  
 This Plan  Pursuant to the terms of another plan  Partially in this Plan
- 1b. If **H.1** is "Partially in this Plan", describe how the Top Heavy minimum accruals will be made:
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

### **Top Heavy Allocations**

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

### **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 (Min 20 without % sign):
- 6d. Other Top-Heavy Schedule - 3 years but less than 4 years (Min 40 without % sign):
- 6e. Other Top-Heavy Schedule - 4 years but less than 5 years (Min 60 without % sign):
- 6f. Other Top-Heavy Schedule - 5 years but less than 6 years (Min 80 without % sign):

### **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**

### **Custom Language**

1. Enter custom language

### Custom Effective Date

2. Enter custom effective date

## 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:

### Plan Expenses

- 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:

## 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 is 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