Prototype Non-Standardized Target Benefit

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:

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.   **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:
18.   Include deferrals in definition of Compensation:
        [ ] 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
21a.   Exclude **certain fringe benefits** from definition of Compensation:
        [ ] 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 from Compensation:

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

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 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

Pension Contributions

30.   Minimum age requirement for Pension Contributions:
[ ] None [ ] 21 [ ] 20-1/2 [ ] 20 [ ] 19 [ ] 18
31a.   Minimum service requirement for Pension 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 Pension Contributions:
[ ] Yes [ ] No
32b.   If **B.32a** is "Yes", describe any other eligibility requirements:
33a.   Frequency of entry dates for Pension 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

Voluntary Contributions

11.   Voluntary (after-tax) Contributions are permitted (If "No", questions regarding Voluntary Contributions are disregarded):
[ ] No [ ] Formerly Allowed

Pension - Service

30a.   A Participant will receive an allocation of Pension 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 Pension 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 Pension 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 Pension 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 Pension Contribution Code section 410(b) ratio percentage coverage failures:
[ ] Do not automatically fix [ ] Add just enough [ ] Add all

Pension - Formula

35.   Pension contribution formula (Section 4.03):
[ ] Flat Benefit Percentage [ ] Unit Credit without step [ ] Unit Credit with step [ ] Excess Unit Credit [ ] Excess Flat Benefit [ ] Offset Unit Credit [ ] Offset Flat Benefit

Flat Benefit Percentage

35.i. If benefit formula is "Flat Benefit Percentage", enter the Flat Benefit Percentage (without % sign):

Unit Credit without step

35.ii.a. If benefit formula is "Unit Credit without step", enter percent earned each year (without % sign):
35.ii.b. If benefit formula is "Unit Credit without step", enter the maximum number of years taken into account (no less than 25):

Unit Credit with step

35.iii.a. If benefit formula is "Unit Credit with step", enter percent earned each year during first step (without % sign):
35.iii.b. If benefit formula is "Unit Credit with step", enter number of years in first step:
35.iii.c. If benefit formula is "Unit Credit with step", enter percent earned each year during second step (without % sign):
35.iii.d. If benefit formula is "Unit Credit with step", enter the maximum number of years taken into account in the second step:

Excess Unit Credit

35.iv.a. If benefit formula is "Excess Unit Credit", enter the Base Benefit Percentage (without % sign):
35.iv.b. If benefit formula is "Excess Unit Credit", enter the Excess Benefit Percentage (without % sign):
35.iv.c. If benefit formula is "Excess Unit Credit", enter the maximum number of years benefit accrues under an integrated formula (may not be less than 25 and may not exceed 35):
35.iv.d. If benefit formula is "Excess Unit Credit", enter accrual rate after the years specified in **35.iv.c** (without % sign):
35.iv.e. If benefit formula is "Excess Unit Credit", enter total number of years after the period described in **35.iv.c**):

Excess Flat Benefit

35.v.a. If benefit formula is "Excess Flat Benefit", enter the Base Benefit Percentage:
35.v.b. If benefit formula is "Excess Flat Benefit", enter the Excess Benefit Percentage:

Offset Unit Credit

35.vi.a. If benefit formula is "Offset Unit Credit", enter the Gross Benefit Percentage (without % sign):
35.vi.b. If benefit formula is "Offset Unit Credit", enter the Offset Percentage (without % sign):
35.vi.c. If benefit formula is "Offset Unit Credit", enter the maximum number of years benefit accrues under an integrated formula (may not be less than 25 and may not exceed 35):
35.vi.d. If benefit formula is "Offset Unit Credit", enter accrual rate after the years specified in **35.vi.c** (without % sign):
35.vi.e. If benefit formula is "Offset Unit Credit", enter total number of years after the period described in **35.vi.c**::

Offset Flat Benefit

35.vii.a. If benefit formula is "Offset Flat Benefit" enter the Gross Benefit Percentage (without % sign):
35.vii.b. If benefit formula is "Offset Flat Benefit" enter the Offset Percentage (without % sign):

Miscellaneous

36a. Average Annual Compensation will be calculated over the following consecutive period:
[ ] Specified years [ ] All years
36b. If **C.36a** is "Specified years", enter the number of consecutive years to be averaged in computing Average Annual Compensation (minimum of three):
36c.i. If **C.36a** is "Specified years", the consecutive year period specified in **C.36b** will occur entirely within the following period:

[ ] All years [ ] Specified final years

36c.ii. If **C.36a** is "Specified years" and **C.36c** is "Specified final years", enter the specified final years (Must be greater than or equal to **C.36b**):

37. **Interest Rate.** For purposes of determining the annual Company contribution necessary to fund the stated benefit, the interest rate will be:
[ ] 7.5 [ ] 8.0 [ ] 8.5

Pension - Integration

38a.i. If the benefit formula is Integrated, the integration level or offset level for each Plan Year for each Participant will be an amount equal to:
[ ] Covered Compensation [ ] Greater of 10,000 or one-half of Covered Compensation [ ] Fixed dollar amount not to exceed 1/2 Covered Comp [ ] Fixed dollar exceeding 1/2 Covered Comp [ ] Percentage of Covered Compensation

38a.ii. If the benefit formula is Integrated, enter fixed percentage or fixed dollar amount (without % or $ signs or commas) if required:

38b.i. Covered Compensation will be determined based on the following year:
[ ] Current Plan Year [ ] Other Plan Year

38b.ii. If **C.38b.i** is "Other Plan Year", enter year (no more than five years before current year):

38c. Election regarding Final Average Compensation. In determining any Participant's Final Average Compensation, the Plan Year in which a Participant terminates employment shall be disregarded:
[ ] Yes [ ] No

Pension - Disability

39a. Allocate Pension 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

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:

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. Method of correction of Employer contributions for section 415 violations:
[ ] Reduce Company contributions [ ] Reallocate to other Participants

72. 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:

Pension

20. Pension 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 Pension Schedule - less than 1 year (without % sign):
21b. Other Pension Schedule - 1 year but less than 2 years (without % sign):
21c. Other Pension Schedule - 2 years but less than 3 years (without % sign):

21d. Other Pension Schedule - 3 years but less than 4 years (without % sign):
21e. Other Pension Schedule - 4 years but less than 5 years (without % sign):
21f. Other Pension Schedule - 5 years but less than 6 years (without % sign):
21g. Other Pension 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 Pension (Not used in Plan Document)

32a. PPA Pension 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 Pension Vesting for pre 2007 contributions:
[ ] Yes [ ] No
33a. Other PPA Pension Schedule - less than 1 year (without % sign):
33b. Other PPA Pension Schedule - 1 year but less than 2 years (without % sign):
33c. Other PPA Pension Schedule - 2 years but less than 3 years (without % sign):
33d. Other PPA Pension Schedule - 3 years but less than 4 years (without % sign):
33e. Other PPA Pension Schedule - 4 years but less than 5 years (without % sign):
33f. Other PPA Pension Schedule - 5 years but less than 6 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:
[ ] 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:
1f. It is necessary to amend the Plan to revise the definition of Normal Retirement Age:
[ ] Yes [ ] No
1g. If **E.1f** is "Yes", describe the Plan provisions that will prevent the Plan from violating the Code and ERISA:
1h. If **E.1f** is "Yes", enter the effective date of the new Normal Retirement Age specified in **E.1a - E.1c**:

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):
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", 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. 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 (in addition to the J&S):
[ ] Yes [ ] No

6b. 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**:

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**

Other Withdrawals

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. The Plan permits a distribution to be made to a Participant who has attained age 62 and who has not separated from employment:
[ ] Yes - under any distribution option [ ] Yes - limited distribution options [ ] No

33b. If **F.33a** is "Yes - limited distribution options", describe the limitations:

33c. If **F.33a** is not "No", the effective date shall be the first day of the first Plan Year beginning on or after:

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

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 Voluntary Contribution Account:
[ ] Yes [ ] No

6b. If **G.3** is "Some Accounts", self direct Pension Contribution Account:
[ ] Yes [ ] No

6c.   If **G.3** is "Some Accounts", self direct Rollover Contribution Account:
        [ ] Yes [ ] No
6d.   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 (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:

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:

51a. If **J.50a** is "Yes" (the Plan is a QDIA), Indicate the method of making investment elections:
[ ] Paper form [ ] Web site [ ] VRU [ ] Web site or VRU [ ] Other

51b. If **J.50a** is "Yes" (the Plan is a QDIA), and **J.51a** is not "Paper form" provide web site address/phone number/other instructions:

Distributions

60. Indicate how a rollover check will be distributed:
[ ] Mail to participant [ ] Deliver to participant [ ] Mail to rollover institution [ ] Participant option

61a. If **E.8** is greater than $1,000, enter the name of the IRA provider for mandatory rollovers:

61b. 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:

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