

## Volume Submitter 401(k) (Prototype Format)

### 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:
- 5.** An Employee may irrevocably elect not to participate in the Plan:  
☐ Yes ☐ No

#### 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. ☐ immediately preceding ☐ nearest to  
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

- 37a.** If **C.35** is "New Comparability - Defined Groups", number of New Comparability groups  
☐ 2 ☐ 3 ☐ 4 ☐ 5

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

### Profit Sharing - Points

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

### 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. The criteria used in determining whether a Participant is entitled to receive a Hardship withdrawal:  
☐ Safe Harbor ☐ Non Safe Harbor
- 11b. Expand the Hardship criteria to include the beneficiary of the Participant:  
☐ Yes ☐ No
- 11c. If **F.11b** is "Yes", enter the effective date:
- 12a. If **F.10** is "Selected Accounts", hardship withdrawal is permitted from 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 (without % sign):
- 6d. Other Top-Heavy Schedule - 3 years but less than 4 years (without % sign):
- 6e. Other Top-Heavy Schedule - 4 years but less than 5 years (without % sign):
- 6f. Other Top-Heavy Schedule - 5 years but less than 6 years (without % sign):

## **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