

Prototype Standardized 401(k)

Company Data:

Company Information:

1. Name of adopting employer (Plan Sponsor):
- 2a. Plan Sponsor address line 1:
- 2b. Plan Sponsor address line 2:
3. Plan Sponsor city:
4. Plan Sponsor state:
5. Plan Sponsor zip:
6. Plan Sponsor phone AC/Number:
7. Plan Sponsor fax AC/Number:
8. Plan Sponsor EIN:
9. Plan Sponsor fiscal year end:
- 10a. Plan Sponsor entity type:
☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Sole Proprietorship ☐ Union
- 10b. If 10a. is "Corporation", is it a Subchapter S corporation:
☐ Yes ☐ No
- 10c. If 10a. is "Union", enter name of the representative of the parties who established or maintain the Plan:
11. State of organization of Plan Sponsor (not postal abbreviation):
- 12a. The Plan Sponsor is a member of an affiliated service group:
☐ Yes ☐ No
- 12b. If 12a. is "Yes", list all members of the group (other than the Plan Sponsor):
- 13a. The Plan Sponsor is a member of a controlled group:
☐ Yes ☐ No
- 13b. If 13a. is "Yes", list all members of the group (other than the Plan Sponsor):

Contact Information:

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

Notes:

30. Notes

Plan Data:

A. GENERAL INFORMATION

General

1. Plan Number:
- 2a. First line of Plan name:
- 2b. Second line of Plan name:
- 3a. Original effective date of Plan:
- 3b. Is this a restatement of a previously-adopted plan?
☐ Yes ☐ No
- 3c. If **A.3b** is "Yes", effective date of Plan restatement:
4. Plan Year End (Month Day):

Plan Features

10. Elective Deferrals are permitted (Section 4.01):
☐ Yes ☐ No
11. Matching Contributions are permitted (Section 4.02) (If "No", questions regarding Matching Contributions are disregarded):
☐ Yes ☐ No
12. Profit Sharing Contributions are permitted (Section 4.03) (If "No", questions regarding Profit Sharing Contributions are disregarded):
☐ Yes ☐ No

Compensation

13. Definition of Compensation:
☐ W-2 ☐ Withholding

Miscellaneous

20. Enter date to place on cover of Summary Plan Description:
21. File Number:
22. Trust EIN:
23. User Defined Field #1
24. User Defined Field #2
25. User Defined Field #3
26. User Defined Field #4
27. 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 nonresident aliens from definition of Eligible Employee:
☐ Yes ☐ No

Eligibility for Contributions

3. Minimum age requirement for eligibility:

- ☐ None ☐ 21 ☐ 20 ☐ 19 ☐ 18
4. Minimum service requirement for eligibility:
☐ None ☐ two (2) Years ☐ one (1) Year
5. Frequency of entry dates for eligibility:
☐ 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
6. Number of Hours of Service necessary for Year of Eligibility Service (1000 maximum without commas):

C. CONTRIBUTIONS

Elective Deferrals

- 1a. Minimum Elective Deferral contribution:
☐ None ☐ one percent (1%) ☐ two percent (2%) ☐ three percent (3%)
- 1b. 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%) ☐ seventy-five percent (75%) ☐ one hundred percent (100%)
2. Actual Contribution Percentages and Actual Deferral Percentages of Nonhighly Compensated Employees are determined using:
☐ Current year - no exceptions ☐ Prior year - no exceptions
3. Allow Participants to make EGTRRA catch-up contributions (Section 5.01(d) as amended by the EGTRRA Addendum to the Basic Plan Document):
☐ Yes ☐ No

Annual Service Requirements for Matching Contributions/Profit Sharing Contributions

4. Hours of Service required in the applicable Plan Year for a Participant to receive an allocation of Contributions if not employed on last day of plan year (501 maximum):

Matching - Formula

5. Matching Contribution formula:
☐ Discretionary ☐ Single rate ☐ Two rates
- 6a. If C.5 is "Single rate" or "Two rates", rate of Matching Contributions (without % sign):
- 6b. If C.5 is "Single rate" or "Two rates", maximum amount of Employee contributions matched on single rate or first rate (without % sign)
- 6c. If C.5 is "Two rates", rate of Matching Contributions on second rate (without % sign):
- 6d. If C.5 is "Two rates", maximum amount of Employee contributions matched on second rate (without % sign):

Profit Sharing - Formula

7. Profit Sharing allocation formula (Section 4.03):
☐ Pro rata ☐ Integrated

Rollovers

8. Rollover Contributions are permitted (Section 4.05):
☐ No ☐ Yes - All Eligible Employees

415 Corrections

9. Corrections to Code section 415 violations made to another plan (Section 5.04):
☐ Yes ☐ No
10. If C.9 is "Yes", name of plan in which 415 corrections will be made:

D. VESTING

Vesting

1. Number of Hours of Service necessary for Year of Vesting Service (1000 maximum without commas):
2. Matching/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
3. EGTRRA Matching Contribution Account Vesting Schedule:
☐ 100% ☐ 2-6 Year Graded ☐ 1-5 Year Graded ☐ 1-4 Year Graded ☐ 3 Year Cliff ☐ 2 Year Cliff

E. DISTRIBUTIONS

Normal Retirement

1. Normal Retirement Age means the attainment of age (not to exceed 65):
☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 59-1/2 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65
2. 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
3. Enter "Yes" if the Plan permits distributions in the form of an annuity; or 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

5. It is necessary to provide an effective date for the definition of Required Beginning Date specified in **E.4** of the Adoption Agreement:
☐ Yes ☐ No
6. If **E.5** is "Yes", enter effective date of new definition:

New 401(a)(9) Regulations

- 7a. Effective date of adoption of final 401(a)(9) regulations (Section 7.11 as added by the Minimum Distribution Addendum to the Basic Plan Document):
☐ 2002 ☐ 2003
- 7b. If **E.7a** is "2002", enter effective date of adoption of final 401(a)(9) regulations in 2002:

F. IN SERVICE WITHDRAWALS/LOANS

In Service Withdrawals

1. Hardship withdrawals are allowed from the Participant's Elective Deferral Account (Section 8.01):
☐ No ☐ Yes
- 2a. In-service withdrawals are allowed on attainment of the age specified in **F.2b** from the portion of a Participant's Accounts that are fully vested (Section 8.02):
☐ No ☐ Yes
- 2b. In-service withdrawal permitted after age (must be on or after 59-12):
☐ 59-1/2 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65

Loans

- 3a. Loans are permitted (Section 8.06) (If "No", questions regarding loans are disregarded. Skip to **G**):

- ☐ Yes ☐ No
- 3b.** Minimum loan amount:
☐ None ☐ \$100 ☐ \$200 ☐ \$250 ☐ \$300 ☐ \$400 ☐ \$500 ☐ \$600 ☐ \$700 ☐ \$750 ☐ \$800 ☐ \$900 ☐ \$1,000
- 3c.** Maximum number of loans outstanding:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- 3d.** 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

Self Direction

- 1a.** Specify the extent to which the Plan permits Participant self direction and the Plan's intent to comply with ERISA section 404(c) (Section 9.02) (If "None", questions regarding Participant self direction are disregarded. Skip to **G.2**):
☐ All Accounts with 404(c) ☐ All Accounts w/o 404(c) ☐ None
- 1b.** If **G.1a** is not "None", Participants may also establish individual brokerage accounts:
☐ Yes ☐ No

Valuation Date

- 2.** Enter Valuation Date (if **G.1a** 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

Trust

- 3.** Trustee Type
☐ Corporate ☐ Individual
- 4.** If **G.3** is "Corporate", enter Trustee address:
- 5.** Number of Trustee signature lines:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- 5a.** Name of first Trustee or Corporate Trustee:
- 5b.** Name of second Trustee:
- 5c.** Name of third Trustee:
- 5d.** Name of fourth Trustee:
- 5e.** Name of fifth Trustee:

H. TOP HEAVY

Top Heavy Plans

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

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

Present Value Assumptions

- 6a. Enter the interest rate to be used for determining Present Value to compute the top-heavy ratio (without % sign):
- 6b. Enter the mortality table to be used for determining Present Value to compute the top-heavy ratio: