

Prototype Standardized Money Purchase

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):

Compensation

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

C. CONTRIBUTIONS

Annual Service Requirements for Pension Contributions

1. 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):

Pension - Formula

2. Pension contribution formula (Section 4.03):
☐ Pro rata ☐ Integrated
3. Enter base contribution percentage (without % sign):

Rollovers

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

415 Corrections

5. Corrections to Code section 415 violations made to another plan (Section 5.04):
☐ Yes ☐ No
6. If C.5 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. 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

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. Permit distributions in the form of an annuity other than a Qualified Joint and Survivor Annuity or a Qualified Preretirement Survivor Annuity:
☐ 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. LOANS

Loans

- 1.** Loans are permitted (Section 8.06) (If "No", questions regarding loans are disregarded. Skip to **G**):
☐ Yes ☐ No
- 2.** Minimum loan amount:
☐ None ☐ \$100 ☐ \$200 ☐ \$250 ☐ \$300 ☐ \$400 ☐ \$500 ☐ \$600 ☐ \$700 ☐ \$750 ☐ \$800 ☐ \$900 ☐ \$1,000
- 3.** Maximum number of loans outstanding:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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: