

Super Simplified 401(k) Plan Standardized Adoption Agreement

EMPLOYER INFORMATION

Name of Adopting Employer _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Adopting Employer's Federal Tax Identification Number _____
Name of Plan _____
Plan Sequence Number _____ Adopting Employer's Fiscal Year End (specify month and day) _____ Account Number _____

SECTION ONE: EFFECTIVE DATES

Complete Part A or B

Part A. Effective Date

This is the initial adoption of a profit sharing plan by the Employer.

The Effective Date of this Plan is _____.

NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.

Part B. Restatement Date

This is a restatement of an existing qualified plan (a Prior Plan).

The Prior Plan was initially effective on _____.

The Effective Date of this restatement is _____.

NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.

SECTION TWO: ELIGIBILITY

Complete Parts A through C

Part A. Age Requirement

An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement, and will be eligible to become a Contributing Participant (and thus be eligible to make Elective Deferrals) after attaining age _____ (no more than 21).

Part B. Years of Eligibility Service Requirement

An Employee will be eligible to become a Participant in the Plan for purposes of receiving an allocation of any Employer Profit Sharing Contribution made pursuant to Section Three of the Adoption Agreement, and will be eligible to become a Contributing Participant (and thus be eligible to make Elective Deferrals) after completing _____ (enter 0, 1 or any fraction less than 1) Years of Eligibility Service.

NOTE: If either Part A or Part B is left blank, it shall be deemed that there are no age and Years of Eligibility Service requirements.

Part C. Employees Employed As of Effective Date

Will an Employee employed as of the Effective Date of this Plan who has not otherwise met the requirements of Parts A and B above be considered to have met those requirements as of the Effective Date (select one)?

Option 1: Yes.

Option 2: No.

NOTE: If no option is selected, Option 2 shall be deemed to be selected.

SECTION THREE: CONTRIBUTIONS

Employer Profit Sharing Contributions, if any, shall be allocated to all Qualifying Participants pursuant to the pro rata allocation formula described in Section 3.01(B)(1) of the Plan. A Contributing Participant may elect under a salary reduction agreement to have his or her Compensation reduced by an amount equal to a percent of the Contributing Participant's Compensation not to exceed the limits imposed by Sections 401(k), 402(g), 404 and 415 of the Code. Elective Deferrals may commence on _____.

SECTION FOUR

There are no elections required for Section 4. Refer to the Basic Plan Document for information regarding this section.

SECTION FIVE: DISTRIBUTIONS AND LOANS

Complete Parts A through C

Part A. Hardship Withdrawals of Elective Deferrals

May a Participant request a distribution of his or her Elective Deferrals on account of hardship pursuant to Section 5.01(A)(6) of the Plan?

Option 1: Yes.

Option 2: No.

NOTE: If no option is selected, Option 1 shall be deemed to be selected.

Part B. Attainment of Age 59½

May a Participant who has attained age 59½ request a distribution from the Plan of that portion of the Participant's Individual Account attributable to Elective Deferrals while still employed by the Employer (select one)?

Option 1: Yes.

Option 2: No.

NOTE: If no option is selected, Option 1 shall be deemed to be selected.

Part C. Loans

May a Participant request a loan pursuant to Section 5.19 of the Plan?

Option 1: Yes.

Option 2: No.

NOTE: *If no option is selected, Option 2 shall be deemed to be selected.*

SECTIONS SIX AND SEVEN

There are no elections required for Sections 6 and 7. Refer to the Basic Plan Document for information regarding these sections.

SECTION EIGHT: TRUSTEE AND CUSTODIAN

Complete Parts A and B (as applicable)

Part A. Custodian *(This Part A must be completed unless a Trustee is named in Part B, below.)*

Financial Organization _____

Address _____

Signature _____

Type Name _____ Title _____

Part B. Trustee *(This Part B must generally be completed unless the Plan covers one or more Self-Employed Individuals or satisfies another exception under Section 403(b) of ERISA. Select one.)*

Option 1: Financial Organization as Trustee

Option 2: Individual Trustee(s)

The Trustee of this Plan shall be a: Directed Trustee Discretionary Trustee

Name of Trustee _____

Address _____

Telephone _____

Signature _____ Title _____

SECTION NINE: EMPLOYER SIGNATURE

Important: Please read before signing

Prototype Sponsor

Name of Prototype Sponsor _____

Address _____

Telephone _____

Check here if there is an attachment(s) that applies to this Plan *(If the box is checked, please describe the attachment(s) below.)*

I am an authorized representative of the Adopting Employer named above and I state the following:

1. I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the legal tax implications of adopting this Plan;
2. I understand that my failure to properly complete this Adoption Agreement may result in disqualification of the Plan;
3. I understand that the Prototype Sponsor will inform me of any amendments made to the Plan and will notify me should it discontinue or abandon the Plan; and
4. I have received a copy of this Adoption Agreement, the corresponding Basic Plan Document and, if applicable, any separate trust agreement used in lieu of the trust agreement contained in the Basic Plan Document.

Signature of Adopting Employer _____ Date Signed _____

Type Name _____ Title _____

NOTE: *The Adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Section 401 of the Code except to the extent provided in Revenue Procedure 2000-20, 2000-6 I.R.B. 553 and Announcement 2001-77, 2001-30 I.R.B. An Employer who has ever maintained or who later adopts any Plan (including a welfare benefit fund, as defined in Section 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Code, or an individual medical account, as defined in Section 415(l)(2) of the Code) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Sections 415 and 416 of the Code. If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Sections 415 and 416 of the Code, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service. The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Revenue Procedure 2000-20 and Announcement 2001-77. This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.*

SECTION TEN: REMEDIAL AMENDMENT PERIOD PLAN ADMINISTRATION

Complete Section 10 only if the Plan is being restated to comply with GUST

Part A. Highly Compensated Employee

1. **Top Paid Group.** For purposes of determining who was a Highly Compensated Employee, did the Employer make the top-paid group election for the following Plan Years?

1997	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1998	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2002	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2004	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

NOTE: If a box is not selected for a year, "No" shall be deemed to be selected for such year.

2. **Calendar Year Data Election.** For purposes of determining who was a Highly Compensated Employee (other than as a five-percent owner) did the Employer make a calendar year data election for the following Plan Years?

1997	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1998	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2002	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2004	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

NOTE: If a box is not selected for a year, "Yes" shall be deemed to be selected for such year.

Part B. ADP/ACP Testing

1. **Prior Year Testing and ADP Test.** For purposes of performing the ADP test, did the Employer apply the prior year testing rules for the following Plan Years?

1997	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1998	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2002	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2004	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

NOTE: If a box is not selected for a year, "Yes" shall be deemed to be selected for such year.

2. **Initial Plan Year ADP.** If this was not a successor Plan, then, for the first Plan Year this Plan permitted any Participant to make Elective Deferrals, the ADP used in the ADP test for Participants who were not Highly Compensated Employees was such first Plan Year's ADP.

Yes No

NOTE: Select "No" if "No" was selected in item 1 above with respect to the first Plan Year Elective Deferrals were permitted under this Plan. If a box is not selected, "No" shall be deemed to be selected.

3. **Prior Year Testing and ACP Test.** For purposes of performing the ACP test, did the Employer apply the prior year testing rules for the following Plan Years?

1997	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1998	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2002	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2004	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

NOTE: If a box is not selected for a year under either 1 or 3 above, "Yes" will be deemed to be selected for such year.

4. **Initial Plan Year ACP.** If this was not a successor Plan, then, for the first Plan Year this Plan permitted any Participant to make Nondeductible Employee Contributions, provided for Matching Contributions or both, the ACP used in the ACP test for Participants who were not Highly Compensated Employees was such first Plan Year's ACP.

Yes No

NOTE: Select "No" if "No" was selected in item 3 above with respect to the first Plan Year Nondeductible Employee Contributions and/or Matching Contributions were permitted. If a box is not selected, "No" shall be deemed to be selected.

Part C. 401(k) Safe Harbor Rules

1. **Application of Rules.** Did the Employer apply the 401(k) safe harbor rules for the following Plan Years?

1999	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2002	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
2001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	2004	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

NOTE: If a box is not selected for a year, "No" shall be deemed to be selected for such year.

2. Safe Harbor Contribution. If "Yes" is selected for one or more of the years described above, which safe harbor contribution did the Employer make for each of the following Plan Years?

- 1999 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.
- 2000 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.
- 2001 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.
- 2002 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.
- 2003 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.
- 2004 Option 1: Nonelective Contribution.
 Option 2: Basic Matching Contribution.
 Option 3: Enhanced Matching Contribution (*describe*) _____.

NOTE: If no option is selected for a year, Option 2 shall be deemed to be selected for such year.

Part D. Required Minimum Distribution

1. Required Beginning Date. Effective the first day of the _____ (*enter year*) Plan Year, the definition of Required Beginning Date with respect to this Plan was amended to (*select one*):

- Option 1:** the April 1 of the calendar year following the calendar year in which a Participant attains age 70½.
- Option 2:** the April 1 of the calendar year following the calendar year in which a Participant attains age 70½, except that distributions to a Participant (other than a five-percent owner) with respect to benefits accrued after the later of the adoption or effective date of this amendment to the Plan must commence by the later of the April 1 of the calendar year following the calendar year in which the Participant attains age 70½ or retires.
- Option 3:** the later of the April 1 of the calendar year following the calendar year in which the Participant attains age 70½ or retires except that distributions to a five-percent owner must commence by the April 1 of the calendar year following the calendar year in which the Participant attains age 70½.

NOTE: If no Option is selected, Option 3 shall be deemed to be selected. If Option 3 is selected, complete item 2 below. If either item 1 or item 2 above is selected, skip item 2 below and proceed to Part E below.

2. Transition Rules. To facilitate the amendment to the definition of Required Beginning Date, one or more of the following options must be selected if Option 3, item 1, above was selected. Option 3, below, must be selected to the extent that there would have been an elimination of a preretirement age 70½ distribution option for Employees older than those listed in item 1 above.

- Option 1:** Any Participant who attained age 70½ in years after 1995 was permitted to defer distributions until the calendar year following the calendar year in which the Participant retired.
- Option 2:** Any Participant attaining age 70½ in years prior to 1997 was permitted to stop distributions and recommence by the April 1 of the calendar year following the year in which the Participant retires. With respect to such Participants, there is (*select one*):
- Suboption (a): a new annuity starting date upon recommencement, or
- Suboption (b): no new annuity starting date upon recommencement.
- Option 3:** The preretirement age 70½ distribution option was only eliminated with respect to Employees who reached age 70½ in or after a calendar year that begins after the later of December 31, 1998, or the adoption date of this amendment.

NOTE: If no option is selected, Options 1, 2 and 3 shall be deemed to be selected. If Option 2 is selected or deemed selected and neither Suboption (a) nor Suboption (b) is selected, Suboption (b) shall be deemed to be selected.

3. Calculations. For purposes of determining a Participant's required minimum distribution, in what calendar year did the Employer adopt the 2001 proposed regulations under Section 401(a)(9) of the Code?

- 2001 2002 Not Applicable

NOTE: If a box is not selected under item 3 above, 2001 shall be deemed to be selected.

Part E. Annual Additions Testing

The 1.0 test described in Section 415(e) of the Code did not apply for Plan Years beginning on or after January 1, 2000. In addition, the Plan did not apply the rule requiring adjustment of the \$30,000 annual additions limit to one-fourth of the defined benefit limit for Plan Years beginning on or after January 1, 1995.

Part F. Family Aggregation

The family aggregation rules with respect to coverage and nondiscrimination tests and allocations of Employer Contributions to the Plan did not apply for Plan Years beginning on or after January 1, 1997.

Part G. Compensation

The definition of Compensation with respect to annual additions testing under Section 415 of the Code was amended to gross Compensation for Plan Years beginning on or after January 1, 1998.

