

Notice for Employees: Eligible Automatic Enrollment Arrangement (EACA)

Enhanced Version



Instructions for the Employer: The SECURE 2.0 Act (2022) requires certain retirement plans established after December 29, 2022, to utilize an enhanced version of the EACA to notify employees of the plan's contribution provisions. If this applies to your plan, complete this form and provide a copy to each eligible employee. Keep the original with the plan's records.

Plan Name: _____

Plan ID: _____ EACA Effective Date (mm/dd/yyyy): _____

Automatic Enrollment Notice — Automatic Contribution Rate

You are being provided this notice because a portion of your salary will automatically be deducted from your compensation and contributed to the above-named retirement plan at a rate of _____ % (between 3% and 10%) unless you have opted out of participating within 60 days of receiving this notice. To opt out, you must inform your Plan Trustee/Administrator of your decision to opt out of the automatic contribution. See your plan administrator for your plan's opt-out procedures.

You may also proactively elect to contribute a different amount into the plan by completing a salary reduction agreement and providing it to your employer. By completing the form, you may choose to defer more or less than the automatic contribution amount. See your Plan Administrator/Trustee for a salary reduction agreement.

Default Investment

If you are automatically enrolled, your contributions will be invested as pre-tax contributions into the plan's default investment listed below:

Default Investment (ODIA): _____

If box is checked, see an attached list of default investments.

EACA Automatic Annual Deferral Increase

Each year, on the first day of the plan year, your contribution rate will increase by _____ % (minimum of 1%). The annual increase rate cannot exceed 10% in year 1, and it cannot exceed 15% in subsequent years. See the *EACA Automatic Deferral Rate Schedule* below. *Note: If the initial default contribution rate is 10%, then the automatic annual increase is not required.*

EACA Automatic Deferral Rate Schedule

Year	EACA Default Contribution Rate	Year	EACA Default Contribution Rate
1 (Initial Rate)	_____ % (At least 3%, maximum 10%)	8	_____ % (At least 10%, maximum 15%)
2	_____ % (At least 4%, maximum 15%)	9	_____ % (At least 10%, maximum 15%)
3	_____ % (At least 5%, maximum 15%)	10	_____ % (At least 10%, maximum 15%)
4	_____ % (At least 6%, maximum 15%)	11	_____ % (At least 10%, maximum 15%)
5	_____ % (At least 7%, maximum 15%)	12	_____ % (At least 10%, maximum 15%)
6	_____ % (At least 8%, maximum 15%)	13 and beyond	_____ % (At least 10%, maximum 15%)
7	_____ % (At least 9%, maximum 15%)		

Employer Contributions

Your employer may make employer matching contributions in addition to your salary deferrals. Please see your corresponding employer matching contribution notice and/or Summary Plan Description for information pertaining to employer matching contributions you may receive.

Distributions

Participants may withdraw funds that were automatically contributed as employee contributions within 90 days of the initial default contribution as a permissible withdrawal. If a permissible withdrawal is taken, the default contributions will be returned to the participant as a penalty-free taxable distribution, and any employer contributions (such as a match) will be forfeited.

Vesting

Salary deferrals are immediately vested at 100%. If any employer contributions are contributed in addition to the default contributions, they may be subject to the plan's vesting schedule(s) dictated by the Basic Plan Document or Adoption Agreement. Please see the Summary Plan Description for an explanation of your plans vesting schedule(s).

Stopping Contributions

You may discontinue your contributions into the plan by notifying your plan administrator. Upon proper notification, your contributions will cease on the first day of the next:

- Payroll Quarter
- Month Other: Please Specify _____

Modifying Contribution Amount

You may modify your contributions into the plan by notifying your plan administrator. Upon notification, your changes will be reflected on the first day of the next:

- Payroll Quarter
- Month Other: Please Specify _____

Resuming Contributions

You may resume your contributions into the plan by notifying your plan administrator. Upon notification, your changes will be reflected on the first day of the next:

- Payroll Quarter
- Month Other: Please Specify _____

Plan Administrator/Trustee Signatures

Please provide the appropriate signatures below.



Signature of Plan Trustee	Printed Name	Date Signed
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Signature of Plan Administrator (if different than Trustee)	Printed Name	Date Signed
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