

SIMPLE 401(k) Plan Contribution Notice

IMPORTANT: Carefully read and consider the following information before you decide whether to start making elective deferrals or decide to continue or change the amount of your employee 401(k) contributions. This notice references the Summary Plan Description (SPD), which summarizes important features of your plan. See your plan administrator if you need a copy of the SPD.

PLAN INFORMATION

Employer Name _____

Plan Name _____

Plan Sequence Number _____

Plan Year End _____

Plan ID Number _____

PLAN CONTRIBUTIONS

Elective Deferrals

By completing a salary reduction agreement, you agree to make elective deferrals to this plan. Your compensation will be reduced each pay period by an amount based upon the formula described in your SPD.

You must complete a salary reduction agreement by following the procedures established by your plan administrator to make or change your election during (select one):

- The 60-day period preceding January 1, _____
- The 60-day period beginning on _____ and ending on _____.

Employer Contributions

Your employer will make contributions to each eligible participant as described below (select one):

- A matching contribution in an amount equal to the sum of 100% of the portion of your elective deferrals which do not exceed 3% of your compensation.
- A nonelective contribution in an amount equal to 2% of your compensation.