

SECTION 3 – ELIGIBLE EMPLOYEES

<p>AA §3-1</p> <p>EXCLUDED EMPLOYEES</p> <p><input type="checkbox"/> No exclusions</p>	<p><input type="checkbox"/> (a) Spouse of Owner-Employees</p> <p><input type="checkbox"/> (b) Family Members of Owner-Employees</p> <p><input type="checkbox"/> (c) Other: _____</p>
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SECTION 4 – MINIMUM AGE AND SERVICE REQUIREMENTS

<p>AA §4-1(a)</p> <p>SERVICE REQUIREMENT</p>	<p>(a) Service requirement.</p> <p><input type="checkbox"/> (1) None</p> <p><input type="checkbox"/> (2) One Year of Service. An Employee will earn a Year of Service as of the end of any Eligibility Computation Period during which the Employee completes at least 1,000 Hours of Service, unless otherwise indicated below.</p> <p><input type="checkbox"/> Reduced Hours of Service. Instead of 1,000 Hours of Service, an Employee must complete at least _____ [<i>may not exceed 1,000</i>] Hours of Service during an Eligibility Computation Period to earn a Year of Service.</p>
<p>AA §4-1(b)</p> <p>AGE REQUIREMENT</p>	<p>(b) Minimum age requirement.</p> <p><input type="checkbox"/> (1) No minimum age requirement.</p> <p><input type="checkbox"/> (2) Age _____ (cannot be greater than age 21).</p>

SECTION 5 – NORMAL RETIREMENT AGE

<p>AA §5-1</p> <p>NORMAL RETIREMENT AGE</p>	<p><input type="checkbox"/> (a) The attainment of age _____ (not less than age 59½ or greater than age 65).</p> <p><input type="checkbox"/> (b) The later of age ____ (not less than age 59½ or greater than age 65) or the ____ (not to exceed 5th) anniversary of participation in the Plan.</p>
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SECTION 6 – EMPLOYER CONTRIBUTION

<p>AA §6-1</p> <p>EMPLOYER CONTRIBUTION ALLOCATION FORMULA</p> <p><input type="checkbox"/> Pro rata allocation</p>	<p><input type="checkbox"/> <input type="checkbox"/> The discretionary Employer Contribution first to all Owner-Employees and then to any eligible spouse and/or Family Member(s) of an Owner-Employee.</p>
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SECTION 7 – DISTRIBUTION PROVISIONS

<p>AA §7-1</p> <p>AVAILABILITY OF IN-SERVICE DISTRIBUTIONS</p> <p><input type="checkbox"/> Employee After-Tax or Rollover Contributions may be taken at any time. Salary Deferrals may not be distributed prior to age 59 1/2, except for a Hardship. Employer Contributions may be taken for a Hardship, attainment of age 59 1/2, after accumulated for at least 2 years; or upon 5 years of Plan participation.</p>	<p><input type="checkbox"/> In addition to the in-service distribution events listed in Section 6.09(b) of the Plan, a Participant may take a distribution of Employer Contributions upon the attainment of age ____ [<i>insert any age less than 59½</i>].</p>
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EMPLOYER SIGNATURE PAGE

<p>PURPOSE OF EXECUTION</p>	<p><input type="checkbox"/> (a) New Plan, effective _____ [no earlier than the first day of the Plan Year in which the Plan is adopted]</p> <p><input type="checkbox"/> (b) Restatement of an existing plan to comply with requirements for Cycle 3 Pre-Approved Plans</p> <p>(1) Effective date of restatement: ____ [Note: Date can be no earlier than the first day of the Plan Year in which the restatement is adopted.]]</p> <p>(2) Name of Plan(s) being restated: _____</p> <p>(3) Original effective date of plan(s) being restated: _____</p> <p><input type="checkbox"/> (c) Amendment or restatement of the Plan (other than to comply with Cycle 3 requirements).</p> <p>(1) Effective Date(s) of amendment/restatement: _____</p> <p>(2) Name of plan being amended/restated: _____</p> <p>(3) The original effective date of the plan being amended/restated: _____</p> <p>(4) Adoption Agreement section(s) being amended: _____</p> <p><input type="checkbox"/> (d) Special effective dates: _____</p>
<p>PRE-APPROVED PROVIDER</p>	<p>Name of Provider or authorized representative: _____</p> <p>Address: _____</p> <p>Telephone number: _____</p>
<p>SIGNATURE INFORMATION</p> <p>THIS INFORMATION WILL ALSO APPEAR ON TRUST DECLARATION, IF APPLICABLE.</p>	<p>Name of Employer: _____</p> <p>Name of authorized representative: _____</p> <p>Title of authorized representative: _____</p>

CO-SPONSOR ADOPTION PAGE

<p>CO-SPONSOR INFORMATION</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>EIN: _____</p> <p>Form of Business: _____</p> <p>Effective Date:</p> <p><input type="checkbox"/> (a) New Plan, effective _____ [no earlier than the first day of the Plan Year in which the Plan is adopted]</p> <p><input type="checkbox"/> (b) Restatement of an existing plan.</p> <p>(1) Name of plan(s) being restated: _____</p> <p>(2) Effective date of restatement: _____ [Note: Date can be no earlier than the first day of the Plan Year in which the restatement is adopted.]</p> <p>(3) Original effective date of plan(s) being restated: _____</p> <p><input type="checkbox"/> (c) <input type="checkbox"/> Cessation of participation. The Participating Employer is ceasing its participation in the Plan effective as of: _____</p> <p>Signature Information:</p> <p>Name of person signing Participating Employer Adoption Page: _____</p> <p>Title of person signing Participating Employer Adoption Page: _____</p>
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TRUST DECLARATION

<p>EFFECTIVE DATE OF TRUST DECLARATION</p>	<p>_____</p>
<p>(a) TRUST TERMS</p>	<p>The Trust terms are:</p> <p><input type="checkbox"/> (1) Determined under the Trust provisions contained in the ASC Trust Agreement - Standard.</p> <p><i>[Note: Trustee must complete the Trustee Signature - Section (b).]</i></p> <p><input type="checkbox"/> (i) Directed Trustee. <input type="checkbox"/></p> <p><input type="checkbox"/> (ii) Discretionary Trustee.</p> <p>Modification of ASC Trust Agreement Provisions. The Employer may amend the Trust provisions under Section 1.19 of the ASC Trust Agreement, as may be needed.</p> <p>Describe modifications: _____</p> <p><i>[Note: Modifications, if any, will be added to the end of the ASC Trust Agreement.]</i></p> <p><input type="checkbox"/> (2) Determined under a separate Trust agreement(s). The Trust provisions are contained in a separate trust document(s).</p> <p>Name of Trustee: _____</p> <p>Title of Trust Agreement: _____</p> <p>Address: _____</p> <p><i>[Note: In using a separate Trust Agreement, the Trustee may adopt such Trust Agreement by either completing the Trustee Signature section under Section (b) below or may execute the separate Trust Agreement. In either case, the information above – Name of Trustee, Title of Trust Agreement and Address of Trustee – must be completed.]</i></p> <p><input type="checkbox"/> (3) No Trustee. Plan is funded with custodial accounts, annuity contracts and/or insurance contracts.</p> <p><i>[Note: No signature is required under this Trust Declaration if the Plan is funded exclusively with custodial accounts, annuity contracts and/or insurance contracts.]</i></p>
<p>b) TRUSTEE/EMPLOYER SIGNATURE INFORMATION</p> <p>Trustee Signature</p> <p><input type="checkbox"/> N/A. Trustee and Employer will sign separate Trust Agreement</p> <p>N/A Trustee and Employer will sign separate Trust Agreement</p>	<p><i>[Do not complete this section if a separate trust agreement is being used and the Trustee and Employer are not signing this Trust Declaration.]</i></p> <p>Name: _____</p> <p><input type="checkbox"/> Use same address as Employer</p> <p><input type="checkbox"/> Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Add additional Trustees, if needed.</p>