



SIMPLE PLAN NOTIFICATION TO ELIGIBLE EMPLOYEES

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-238-7701.

PART I: EMPLOYER INFORMATION

Name of Employer

Insert Date (not later than October 1)

PART II: APPLICABLE YEAR

This Notice is for the year beginning January 1, 20____. *(Insert the year beginning after the date of this Notice).*

PART III: NOTICE OF ELIGIBILITY

You are eligible to participate in the SIMPLE Plan identified above. This notice attached summary description provides you with information that you should consider before you decide whether to start, continue, or change your salary reduction agreement.

PART IV: EMPLOYER CONTRIBUTION ELECTION

For the calendar year beginning _____, the employer will contribute as follows: *(Select only one).*
(Insert applicable year)

- A. A matching contribution equal to each employee's elective deferrals, but not more than 3% of his/her pay.
- B. A matching contribution equal to each employee's elective deferrals, but not more than _____% of his/her pay.*
(Insert a number not less than 3; you can insert a number plus a fraction of that number – ex 3½%, etc.)
- C. A non-elective contribution equal to 2% of each eligible employee's pay; the amount of pay considered cannot be more than \$160,000.

PART V: ADOPTION AGREEMENT

If you want to start elective deferrals you must complete an Adoption Agreement and return it to address below not later than December 1. If you want to change or stop elective deferrals or change anything else on your Adoption Agreement, you can do so at any time by completing a new Adoption Agreement and returning it to the address below.

Return Address For Adoption Agreement: _____

Attn: _____

Telephone: _____

INSTRUCTIONS TO EMPLOYERS:

1. You can sponsor a SIMPLE Plan if you employ not more than 100 employees who earned \$5,000 or more in the previous year.
2. This Notice must be given to each eligible employee not later than October 1 of each year.
3. An employee is eligible to participate in your SIMPLE Plan if he/she had at least \$5,000 in pay in the preceding year and is reasonably expected to have at least \$5,000 in pay this year. You can exclude an employee who has not had at least \$5,000 in pay for any two preceding years (whether or not consecutive) and who is not reasonably expected to have \$5,000 in pay in the current year.
4. Check 4A or 4B or 4C. *You can use Box 3B only two times during any five-year period.