

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 _____ Account Number _____ Type of Business (select one): _____ (specify month and day) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (specify) _____
SECTION 1.	EFFECTIVE DATES Complete Part A or B Part A. Effective Date This is the initial adoption of a money purchase pension plan by the Employer. The Effective Date of this Plan is _____. <i>NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.</i> 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 _____. <i>NOTE: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed.</i>
SECTION 2.	ELIGIBILITY Complete Parts A through C Part A. Age and Years of Eligibility Service Requirement 1. Age Requirement An Employee will be eligible to become a Participant in the Plan for purposes of receiving an Employer Money Purchase Pension Contribution made pursuant to Section Three of the Adoption Agreement after attaining age _____ (no more than 21). 2. Years of Eligibility Service Requirement An Employee will be eligible to become a Participant in the Plan for purposes of receiving an Employer Money Purchase Pension Contribution made pursuant to Section Three of the Adoption Agreement after completing _____ (enter 0, 1, 2 or any fraction less than 2) Years of Eligibility Service. <i>NOTE: If either item 1 or item 2 is left blank, it shall be deemed that there are no age and Years of Eligibility Service requirements. If a fraction is selected, an Employee will not be required to complete any specified number of Hours of Service to receive credit for a fractional year. If more than one year is selected by the Employer, all contributions shall be 100% Vested.</i> Part B. Hours Required For Eligibility Purposes 1. _____ Hours of Service (no more than 1,000) shall be required to constitute a Year of Eligibility Service. 2. _____ Hours of Service (no more than 500 but less than the number specified in this Section Two, Part B, item 1, above) must be exceeded to avoid a Break in Eligibility Service. 3. For purposes of determining Years of Eligibility Service, an Employee shall be given credit for Hours of Service with the following predecessor employer(s) (complete if applicable). _____ Part C. Entry Dates The Entry Dates for participation shall be (select one): Option 1: <input type="checkbox"/> The first day of the Plan Year and the first day of the seventh month of the Plan Year. Option 2: <input type="checkbox"/> Other (specify) _____ <i>NOTE: If no option is selected, Option 1 shall be deemed to be selected. Option 2 can be selected only if the eligibility requirements and Entry Dates are coordinated such that each Employee will become a Participant in the Plan no later than the earlier of: (1) the first day of the Plan Year beginning after the date the Employee satisfies the age and service requirements of Section 410(a) of the Code; or (2) six months after the date the Employee satisfies such requirements.</i>
SECTION 3.	CONTRIBUTIONS Complete Parts A and B Part A. Employer Money Purchase Pension Contributions Option 1: <input type="checkbox"/> For each Plan year the Employer will contribute for each Qualifying Participant an amount equal to _____ percent (not to exceed 25 percent) of the Qualifying Participant's Compensation for the Plan Year. Option 2: <input type="checkbox"/> Integrated Formula. For each Plan Year, the Employer will contribute for each Qualifying Participant an amount equal to the sum of the amounts determined in Step 1 and 2: Step 1: An amount equal to _____ percent (the base contribution percentage) of the Participant's Compensation for the Plan Year up to the integration level; plus Step 2: An amount equal to _____ percent (not to exceed the base contribution percentage by more than the lesser of: (1) the base contribution percentage, or (2) the money purchase maximum disparity rate as described in Section 3.01(B)(2) of the Plan) of such Participant's Compensation for the Plan Year in excess of the integration level.

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STANDARDIZED ADOPTION AGREEMENT

Part B.

The integration level shall be (select one):
Suboption (a): The Taxable Wage Base.
Suboption (b): \$_____ (a dollar amount less than the Taxable Wage Base).
Suboption (c): _____ percent (not more than 100 percent) of the Taxable Wage Base.
NOTE: If no suboption is selected, Suboption (a) shall be deemed to be selected.

Option 3: Frozen Plan. This Plan is frozen effective _____ and the Employer will not make additional contributions to the Plan after such date.

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

Qualifying Participants
A Participant will be a Qualifying Participant and thus entitled to share in the Employer Money Purchase Pension Contribution for any Plan Year only if the Participant is a Participant who has satisfied all of the eligibility requirements of Section Two of this Adoption Agreement on at least one day of such Plan Year and, if such Participant has incurred a Termination of Employment, satisfies the following Hours of Service requirement (select one):
Option 1: The Participant completes at least 500 Hours of Service during the Plan Year.
Option 2: The Participant completes at least _____ (not more than 500) Hours of Service during the Plan Year.
NOTE: If no option is selected, Option 1 shall be deemed to be selected.

SECTION 4.

Part A.

VESTING AND FORFEITURES Complete Parts A through C
Vesting Schedule For Employer Money Purchase Pension Contributions
A Participant shall become Vested in his or her Individual Account derived from Money Purchase Pension Contributions made pursuant to Section Three of the Adoption Agreement as follows (select one):

1. Current Vesting Schedule

YEARS OF VESTING SERVICE	VESTED PERCENTAGE					(Complete if Chosen)
	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>	
Less than One	0%	0%	100%	0%	_____ %	
1	0%	0%	100%	0%	_____ %	
2	0%	20%	100%	0%	_____ %	
3	0%	40%	100%	20%	_____ %	(not less than 20%)
4	0%	60%	100%	40%	_____ %	(not less than 40%)
5	100%	80%	100%	60%	_____ %	(not less than 60%)
6	100%	100%	100%	80%	_____ %	(not less than 80%)
7	100%	100%	100%	100%	_____ %	(not less than 100%)

NOTE: If no option is selected, Option 3 shall be deemed to be selected.

2. Prior Vesting Schedule (Complete this Part A, item 2 only if the Plan has been amended to include a less favorable vesting schedule.)

YEARS OF VESTING SERVICE	VESTED PERCENTAGE					(Complete if Chosen)
	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>	
Less than One	0%	0%	100%	0%	_____ %	
1	0%	0%	100%	0%	_____ %	
2	0%	20%	100%	0%	_____ %	
3	0%	40%	100%	20%	_____ %	(not less than 20%)
4	0%	60%	100%	40%	_____ %	(not less than 40%)
5	100%	80%	100%	60%	_____ %	(not less than 60%)
6	100%	100%	100%	80%	_____ %	(not less than 80%)
7	100%	100%	100%	100%	_____ %	(not less than 100%)

Part B.

Hours Required For Vesting Purposes

- _____ Hours of Service (no more than 1,000) shall be required to constitute a Year of Vesting Service.
- _____ Hours of Service (no more than 500 but less than the number specified in this Section Four, Part B, item 1, above) must be exceeded to avoid a Break in Vesting Service.
- For purposes of determining Years of Vesting Service, an Employee shall be given credit for Hours of Service with the following predecessor employer(s) (complete if applicable).

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SECTION 8.

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 _____

Name of Trustee _____

Address _____

Telephone _____

Signature _____ Title _____

Name of Trustee _____

Address _____

Telephone _____

Signature _____ Title _____

Name of Trustee _____

Address _____

Telephone _____

Signature _____ Title _____

SECTION 9.

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(1)(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.*