



Adoption Agreement 02-001

A Standardized Prototype Defined Benefit Pension Plan

Name of Employer _____ EIN _____

Employer entity type (*sole proprietorship, partnership, etc*): _____

Employer's Tax Year End 12/31 Plan Number 001 ____

Plan Name _____ Cash Balance Plan

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- Effective Date: January 1, 2019 (For New Plan, may not be earlier than first day of first plan year in which Plan is adopted. If other than New Plan, may not be earlier than first day of first plan year in which Plan was adopted, or, if later, first day of plan year beginning in 2008).

New Plan Restatement Pension Protection Act Restatement

(If other than New Plan, provide original effective date: _____)
 - Eligibility Requirements: To become a Participant, an Eligible Employee must have attained age 21 (maximum 21) and completed at least 1 Year(s) of Eligibility Service. (If more than 1 year is selected, Participants will automatically be 100% vested immediately. No more than 2 years may be selected.)
 - A Year of Eligibility Service and a Year of Vesting Service require 1,000 (no more than 1000) Hours of Service. (A Year of Credited Service for benefit accrual purposes requires the same number of Hours of Service, but no more than a maximum of 500 Hours of Service.)
 - Past Service Credit for benefit accrual purposes of up to 0 (no more than 5) years is granted for actual service with the Employer before the Effective Date.
 - Normal Retirement Age is (check one box and fill in the blank(s)): age_

_____ (not less than 55 or more than 65), or

the later of age 62 (not less than 55 or more than 65) or the 5th (not more than 5th) anniversary of the participation commencement date.
 - The Normal Retirement Benefit Formula is an amount equal to the sum of (1) 2 percent of Average Compensation per Year of Credited Service for 1 Years of Credited Service prior to January 1, 2019 and (2) 2 percent of Average Compensation per Year of Credited Service subsequent to January 1, 2019, limited to a maximum of 99 Years of Credited Service. (If blank or zero, no maximum number of Years of Credited Service is applied and the next sentence shall not apply. If Past Service Credit is elected in Item 4, at least 25 years must be entered.)
 - Actuarial Equivalence: Pre-retirement and post-retirement interest rates are 5% unless otherwise specified below:

Pre-Retirement Interest Rate: 5.0 % Post-Retirement Interest Rate: 5.0 %
 - Average Compensation: Compensation prior to the Effective Date of the Plan (or a Prior Plan) shall be counted in determining a Participant's Average Compensation unless the box below is checked:

Compensation prior to the Effective Date of the Plan (or a Prior Plan) shall not be counted in determining a Participant's Average Compensation under the Plan.



9. Vesting Service: Service prior to the Effective Date of the Plan (or a Prior Plan) shall be counted in determining a Participant's Years of Service for vesting purposes unless the box below is checked:

Service prior to the Effective Date of the Plan (or a Prior Plan) shall not be counted in determining a Participant's Years of Vesting Service.

10. The Vesting Schedule is as follows:

A. Cliff Schedule
(Check a box in each row)

B. Graded Schedule
(Fill in the blank in each row)

Yrs of Vesting Svc.	0%	100%
0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 or more		<input checked="" type="checkbox"/>

Yrs of Vesting Svc.	%	
0-1	<u>0</u>	(at least 0%)
2	<u>20</u>	(at least 20%)
3	<u>40</u>	(at least 40%)
4	<u>60</u>	(at least 60%)
5	<u>80</u>	(at least 80%)
6	<u>100%</u>	

TRUSTEE(S): I hereby agree to serve as Trustee of this Plan.

Signature _____

Print Name _____

Date _____

EMPLOYER SIGNATURE: I am an authorized representative of the Employer named above. The Employer adopts the Plan, effective as of the Effective Date specified in Item 1 above, and appoints the individual(s) named above as Trustee(s).

Signature _____

Print Name _____

Date: _____

Additional Information:

Reliance: The Employer may rely on the opinion letter issued by the Internal Revenue Service (IRS) as evidence that this Plan is qualified under Code Section 401 except to the extent provided in Revenue Procedure 2011-49, as modified by section 8 of Revenue Procedure 2013-6 and as further modified by Revenue Procedure 2015-36. The Employer may not rely on an opinion letter with respect to the requirements of Code Section 401(a)(26) that apply to prior benefit structures. If the Employer has ever maintained or later adopts any plan, in addition to this Plan, which is qualified or determined to be qualified covering some of the same participants as this Plan, the Employer may not rely on the opinion letter issued by the IRS with respect to the requirements of Code Section 415 or Code Section 416. If the Employer wishes to obtain reliance with respect to the requirements of Code Section 401(a)(26) that apply to prior benefit structures, or if the Employer adopts or maintains multiple plans and wishes to obtain reliance with respect to the requirements of Code Sections 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the IRS. 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 2011-49, as modified by Section 8 of Revenue Procedure 2013-6, as further modified by Revenue Procedure 2015-36. The Employer may not rely on the opinion letter with respect to the selection of an age earlier than age 62 as Normal Retirement Age.

1. The Plan may not qualify if this Adoption Agreement is not completed properly. The Prototype Sponsor will inform each adopting employer of any amendments made to the Plan or the discontinuance or abandonment of the Plan.
2. This Adoption Agreement 02-001 is to be used only with Basic Plan Document 02.



DEFINED BENEFIT PLAN ADOPTING RESOLUTION

The undersigned Principal or Officer of _____ (the Employer) hereby certifies that the following resolutions are adopted by the Employer as of the date hereof.

RESOLVED, that the form of the Defined Benefit Plan presented to this meeting is hereby approved and adopted and that the duly authorized agents of the Employer are hereby authorized and directed to execute and deliver to the Trustee of the Plan one or more counterparts of the Plan.

RESOLVED, that for purposes of the limitations on contributions and benefits under the Plan, prescribed by Section 415 of the Internal Revenue Code, the "limitation year" shall be the 12-consecutive month period ending on the last day of the Plan Year.

RESOLVED, that not later than the fifteenth day of the ninth month following the end of the Plan Year, the Employer shall contribute to the Plan for each such year not less than such amount as shall be required to meet minimum funding standards, and that a duly authorized agent of the Employer is authorized and directed to pay such contribution to the Trustee of the Plan and to designate to the Trustee the fiscal year for which such contribution is made.

RESOLVED, that the duly authorized agents of the Employer shall act as soon as possible to notify the employees of the Employer of the adoption of the Plan.

The undersigned further certifies that attached hereto is a true copy of the Plan as approved and adopted in the foregoing resolutions.

Authorized Employer Signature

Name Print

Date