

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. To the extent that there are conflicting provisions between your Summary Plan Description (SPD) and this Notice, this Notice will control. See your plan administrator if you need an additional copy of the SPD.

SECTION A. PLAN INFORMATION

Name of Employer _____
Plan Name _____
Plan Sequence Number _____ Plan Year End _____
Plan ID Number _____

SECTION B. PLAN CONTRIBUTIONS

Part I. 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 to make or change your election during:

Option 1. The 60-day period preceding January 1, _____ .

Option 2. The 60-day period beginning on _____ and ending on _____.

Part II. Employer Contributions

Your employer will make contributions to each participant eligible to make elective deferrals as described below.

Option 1. Match employee deferrals dollar-for-dollar up to three percent of compensation.

Option 2. A nonelective contribution in an amount equal to two percent of your compensation if you are eligible to make elective deferrals.