

403(b) Employer Non-Elective Contribution Questionnaire

Employer Name: _____ **State** _____

Employer hereby makes available to its employees a 403(b) Plan that provides for employer contributions in accordance with applicable employment agreements and/or collective bargaining agreements, and agrees that the following provisions shall govern all employer contributions and any earnings attributable to the employer contributions made to the Plan. The following Plan rules are applicable to Employer (Non-elective) contributions only.

A. Type and Allocation of Employer Contributions

- Employer Non-Elective

Contribution Formula:

- Discretionary Non-Elective Contributions

- Fixed Non-Elective Contributions

Equal to _____ % of Compensation of each Participant eligible to share in allocations.

- Other (describe):

Note: the formula described must satisfy the definitely determinable requirement under Reg. §1.401-1(b). If the formula is non-uniform, it will not satisfy this requirement.

- Former Employees

If elected, Former Employees will share in the Non-Elective Contributions made by the Employer for a Plan Year. In any event, no contribution will be made after the end of the Participant's fifth taxable year after the year in which he terminated employment. See Plan Section 4.5. **If this option is not selected, Participants will not share in Employer Non-elective Contributions after the Plan Year in which their employment terminates, and Non-elective Contributions will be allocated based only on Compensation earned prior to the Severance from Employment.**

- Disabled Employees

If elected, Employees who are permanently and totally disabled (as defined in Code §22(e)(3)) will continue to share in the Non-Elective Contributions made by the Employer for a Plan Year for:

- A fixed period of _____ years, or

- A period to be determined by the Employer, which shall be determined on a uniform and non-discriminatory basis for all Participants.

- Matching Non-Elective

Contribution Formula: (select one)

- Discretionary Matching

- Fixed – uniform rate/amount

The employer will make matching contribution equal to _____ % of the Participant's Elective Deferral(s).

- Matching Limit on Elective Deferrals:

In determining the Employer matching contribution above, only the following will be matched. (Leave blank if not applicable)

- The percentage or dollar amount specified below (select one or both):

- _____ % of a Participant's Compensation.

- \$_____.

- A discretionary percentage of a Participant's Compensation or a discretionary dollar amount, the percentage or dollar amount to be determined by the Employer on a uniform basis for all Participants.

- Maximum Matching Contribution

- \$_____.

- _____ % of a Participant's Compensation.

