

457(b) Employer Contribution Questionnaire

Employer Name: _____ **State** _____

Employer hereby makes available to its employees a 457(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.

A. Type of Employer Contributions

- Discretionary Employer Contributions
 - Fixed Employer Contributions
 - Matching Employer Contributions (If matching contributions are made, please provide the formula)
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B. Vesting Schedule (if applicable)

- A Participant shall become 100% vested in his or her account immediately.
- Graded Vesting (i.e. Year 1 – 20%, Year 2 – 40%, Year 3 – 60%, Year 4 – 80%, Year 5 – 100%)

Schedule: _____

- Cliff Vesting (i.e. Year 1 – 0%, Year 2 – 0%, Year 3 – 100%)

Schedule: _____

- Other – Please attach vesting schedule.

B. Investment Options

- Any Annuity Contract and/or Custodial Accounts provided by any of the approved Investment Providers in Appendix I.
- Other (*Specify*) _____

C. Eligibility Requirements

- All employees shall be eligible to participate in the Plan for purposes of Employer, Non-Elective Contributions
- Other (Define) _____

D. Age Requirement

- No age requirement for eligibility.
- Participant is eligible after attaining age _____.

E. Years of Eligibility Requirements

- No minimum years of service required.
- Participant is eligible after completing _____ year(s) of eligible service.

F. Entry Dates

- The entry date for participation is anytime during the plan year.
- The entry date for participation shall be _____

G. Loans

- Loans *will* be available under the Plan subject to availability and any additional conditions that may apply under a Participant's 403(b) Individual Agreement(s).
- Loans *will not* be available under the Plan.

H. Distribution Restrictions

- Severance from employment.
- Attainment of age _____.
- Death
- Completion of _____ years of service.

I. Additional information

Completed by: _____ Title: _____ Date: _____