

IMPORTANT INFORMATION

- Excess annual additions are all contributions and forfeitures credited to a participant's account during a limitation year which exceed the limit under §415 of the Internal Revenue Code. The limitation year is the consecutive 12 month period ending on the last day of the plan year.
- The IRS does not provide a deadline for removing excess contribution(s) under §415; however, excess annual additions that are not corrected may jeopardize your plan's qualified status.
- The plan calculates earnings on the excess amount only through the end of the plan year of the excess.
- The 10% standard Federal Tax withholding, and any applicable state withholding, will apply unless written notification is received from the participant not to withhold taxes.

METHOD OF CORRECTION

The Employer may elect to correct §415 failures by self correction under the Employee Plans Compliance Resolution System (EPCRS) by refunding and/or forfeiting the excess amount and any earnings. This method, based on the contribution types which may be permitted by your plan, involves refunding and/or forfeiting excess annual additions in the following order until no excess remains:

- Refund excess deferrals and earnings
- Forfeit employer contributions

Refunds will be sent to the participant. The participant will receive a 1099-R in January following the year of the distribution.

Forfeitures will be distributed to the forfeiture account number provided below and should be used to reduce future contributions.

1 EMPLOYER INFORMATION

This must be completed and submitted with an Adoption Agreement for all Plans or when adding new participants.

EMPLOYER NAME		EMPLOYER TAX ID NUMBER	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER PHONE NUMBER	INVESTMENT FIRM AND ACCOUNT NUMBER		

2 PARTICIPANT INFORMATION

PARTICIPANT NAME		SOCIAL SECURITY NUMBER	
PARTICIPANT ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT FIRM AND ACCOUNT NUMBER			
PLAN YEAR REFUND	TOTAL PLAN YEAR ELECTIVE DEFERRAL CONTRIBUTIONS	TOTAL PLAN YEAR EMPLOYER CONTRIBUTIONS	

3 ELECTIVE DEFERRAL REFUND INFORMATION

Excess Amount	Gain/Loss	Total Refund Amount

4 EMPLOYER CONTRIBUTION FORFEITURE INFORMATION

Excess Amount	Gain/Loss	Total Forfeiture Amount
BROKERAGE FIRM NAME		FORFEITURE ACCOUNT NUMBER

5 EMPLOYER SIGNATURE

I agree to correct excess annual additions using the EPCRS method outlined in Section II. I certify the above information is true and correct. I authorize Equity Trust Company to make distribution refund(s) or forfeiture(s) as outlined above.

EMPLOYER NAME	TITLE
EMPLOYER SIGNATURE	DATE