

**Non-ERISA VOLUME SUBMITTER 403(b) PLAN DOCUMENT
FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES,
AND PUBLIC UNIVERSITIES AND COLLEGES
ADOPTION AGREEMENT #04002**

The undersigned Employer hereby adopts a section 403(b) plan in the form a Volume Submitter 403(b) plan attached hereto, and agrees that the following terms, definitions, and elections shall be part of such 403(b) Plan. Where applicable, certain Items have a Default Provision indicated below the Item number that will apply if no election is made by the Employer.

EMPLOYER INFORMATION

1. Employer Name: Annandale Public School

Address: 125 Cherry Ave N

City: Annandale

State: MN

Zip Code: 55302

Phone: 320-274-5602

2. Contact Person: Kacy Muldoon

Phone: 320-274-0622

Email: kmuldoon@isd876.org

3. Employer Identification Number: 41-6008419

4. The Administrator shall be (entity that administers the Plan):

- ☐ (a) The Employer ☒ (b) The Employer Jointly with the Vendors
☐ (c) A designated Administrator (specify): _____

PLAN INFORMATION

5. Sponsor of the 403(b) Volume Submitter Plan: Educators Benefit Consultants, LLC

Address: 3125 Airport Parkway NE, Cambridge, MN 55008

Phone: 1-855-369-5518

E-mail: brian@ebcsolutions.com

6. (a) Name of Plan: Annandale District 876 403(b) Retirement Savings Plan

(b) This Plan is a Multiple Employer Plan ☐ Yes; ☒ No. If Yes, name of Plan Sponsor: _____

7. (a) Plan Year:

- ☒ (1) The calendar year;
☐ (2) The 12-consecutive month period beginning on _____; or
☐ (3) An initial short Plan Year beginning on _____ and ending on _____ and thereafter the 12-consecutive month period beginning on _____ and ending on _____
☐ (4) A short Plan Year beginning on _____ and ending on _____

(b) Limitation Year:

- ☐ (1) The Plan Year
☐ (2) The calendar year
☐ (3) The 12-consecutive month period beginning on _____
☐ (4) An initial short Plan Year beginning on _____ and ending on _____ and thereafter the 12-consecutive month period beginning on _____ and ending on _____
☐ (5) A short Plan Year beginning on _____ and ending on _____

8. Effective Date: The Employer has completed and signed this Adoption Agreement in order to:

		Initial Effective Date	Amendment/Restatement Effective Date
<input type="checkbox"/> (a)	Establish a new 403(b) plan (not earlier than the 1 st day of current Plan Year)	_____	N/A
<input checked="" type="checkbox"/> (b)	Restate a 403(b) plan previously adopted by the Employer (restatement date cannot be earlier than 1-01-2009, but not later than 1-01-2010 unless the initial effective date is after 1-01-2010)	<u>7/31/2008</u>	<u>1/1/2020</u>
<input type="checkbox"/> (c)	Amend a 403(b) plan previously adopted by the Employer (Amendments made, if applicable: _____)	_____	_____

9. The Plan shall accept the following contribution types (check all that apply and complete the corresponding section(s) of the Adoption Agreement, if applicable):

<input checked="" type="checkbox"/> (a)	Pre-Tax Elective Deferrals	<input checked="" type="checkbox"/> (j)	Rollovers
<input checked="" type="checkbox"/> (b)	Post-Tax Roth Elective Deferrals	<input checked="" type="checkbox"/> (k)	Plan-to-Plan Transfers

<input checked="" type="checkbox"/> (c)	Age 50 Catch-up Contributions	<input checked="" type="checkbox"/> (l)	Exchanges (as outlined in the Administrative Appendix)
<input checked="" type="checkbox"/> (d)	Special Catch-up after 15 years of service	<input type="checkbox"/> (m)	PTO – Sick Leave
<input type="checkbox"/> (e)	Nondeductible Employee (After-Tax) Contributions	<input type="checkbox"/> (n)	PTO – Vacation
<input type="checkbox"/> (f)	Mandatory Employee Contribution	<input type="checkbox"/> (o)	Social Security Replacement
<input type="checkbox"/> (g)	Employer Nonelective Contributions pursuant to the Collective Bargaining Agreement and/or the employment contract	<input type="checkbox"/> (p)	ORP Contributions subject to Article XII of the Plan
<input checked="" type="checkbox"/> (h)	Employer Matching Contributions pursuant to the Collective Bargaining Agreement and/or the employment contract	<input type="checkbox"/> (q)	Supplemental 403(b) Contributions (subject to Article XII of the Plan)
<input type="checkbox"/> (i)	Post-Employment Employer Contributions	<input checked="" type="checkbox"/> (r)	Deemed IRA

10. In computing a Participant's Compensation (as defined under Section 2.14 of the Plan, the following shall be excluded:

		All Contributions	Elective Deferrals	Mandatory Contributions	Employer Contributions
<input type="checkbox"/> (a)	No exclusions. All compensation will be included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (d)	Other (describe another exclusion, for example, stipends): Extra Duty Pay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. (a) Compensation shall be determined over the following Determination period: ☒ (1) the Plan Year; or ☐ (2) a consecutive 12-month period ending with or within the Plan Year. Enter the day and the month this period begins: _____ (day) _____ (month). For Employees whose date of hire is less than 12 months before the end of the 12-month period designated, compensation will be determined over the Plan Year.

(b) For purposes of allocating Employer Contributions, Compensation ☐ (1) shall ☒ (2) shall not include amounts paid prior to a Participant's Entry Date.

12. Allocation Periods for Contributions (This will determine if additional contributions need to be made for a given year:

		All Contributions	Matching	Nonelective
<input type="checkbox"/> (a)	Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Bi-Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	Per Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (f)	Other (specify): <u>Semi-Monthly</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELIGIBILITY AND PARTICIPATION – ELECTIVE DEFERRALS

13. The following Employees shall be eligible under the Plan to make Elective Deferrals (Check (a) or (b)):

☒ (a) All Employees of the Employer.

☐ (b) All Employees of the Employer except the following category(ies):

- ☐ (1) Nonresident aliens described in section 410(b)(3)(C) of the Code, who receive no earned income from the Employer which constitutes income from sources within the U.S.
- ☐ (2) Employees who normally work less than 20 hours per week. An Employee normally works fewer than 20 hours per week if, for the 12-month period beginning on the date the Employee's employment commenced, the Employer reasonably expects the Employee to work fewer than 1,000 hours of service (as defined under section 410(a)(3)(C) of the Internal Revenue Code) in such period, and, for each Plan Year ending after the close of that 12-month period, the Employee has worked fewer than 1,000 hours of service in the preceding 12-month period. Under this provision, an Employee who works 1,000 or more hours of service in the 12-month

<input type="checkbox"/> (3) <input type="checkbox"/> (4)	<p>period beginning on the date the Employee's employment commenced or in a Plan Year ending after the close of that 12- month period shall then be eligible to participate in the Plan. Once an Employee becomes eligible to have Elective Deferrals made on his or her behalf under the Plan under this standard, the Employee cannot be excluded from eligibility to have Elective Deferrals made on his or her behalf in any later year under this standard.</p> <p>Employees who are eligible to make Elective Deferrals under another plan, including an IRC section 457(b) eligible governmental plan; a 401(k) qualified cash or deferred arrangement of the Employer or another section 403(b) Plan of the Employer</p> <p>Employees who are students performing services described in section 3121(b)(10) of the Code.</p>
<p>(c) If 13(b)(2) is elected above, then the following rule will apply for subsequent years in determining whether the Employee is eligible for the Plan. The initial computation period shall begin on the date of hire and end on the anniversary thereof. Subsequent eligibility computation periods shall commence with:</p> <p><input type="checkbox"/> (1) the anniversary of the Employee's employment commencement date; or</p> <p><input type="checkbox"/> (2) the Plan Year which commences prior to the Employee's first anniversary of his employment commencement date.</p>	
<p>Default Provision – (c)(2)</p>	
<p>(d) <input type="checkbox"/> (1) The Employer elects to reduce the required Hours of Service per year in 13(b)(2) to _____ (not to exceed 1000) Hours; or</p> <p><input type="checkbox"/> (2) N/A.</p>	
<p>Default Provision (d)(2)</p>	
<p>14. The Entry Date of a Participant with respect to Elective Deferrals shall be:</p> <p><input type="checkbox"/> (a) On the first day of the month following date of employment;</p> <p><input type="checkbox"/> (b) After the completion of _____ days (may be 30 or 60 days, if Employee receives information on the Plan within the first 30 days of employment)</p> <p><input checked="" type="checkbox"/> (c) Entry Date shall mean the Employee's employment commencement date and deferrals elections shall be effective in the next pay period.</p> <p><input type="checkbox"/> (d) Other (Specify. May not exceed 60 days from satisfaction of eligibility requirements): _____</p> <p>Default Provision (a)</p>	
<p>15. Employees are permitted to make Pre-Tax Elective Deferrals to the Plan as follows:</p> <p><input checked="" type="checkbox"/> (a) Elective Deferrals of up to the maximum amount permitted under sections 403(b) and 415 of the Code are permitted.</p> <p><input type="checkbox"/> (b) Elective Deferrals of up to _____ % (not to exceed 100%) of a Participant's Compensation are permitted.</p>	
<p>16. If Roth 403(b) Elective Deferrals are permitted under the Plan then Excess Deferrals will first be corrected from the:</p> <p><input type="checkbox"/> (a) regular Pre-tax Elective Deferral Account; or</p> <p><input checked="" type="checkbox"/> (b) Roth Elective Account</p> <p><input type="checkbox"/> (c) N/A.</p> <p>Default Provision (a)</p>	
<p style="text-align: center;">AUTOMATIC ENROLLMENT</p>	
<p>In consideration of the following provisions, an Employer should determine whether automatic enrollment is permitted under the applicable State law prior to adopting this provision.</p>	
<p>17. The Eligible Automatic Contribution Arrangement (EACA) provisions of Article 3.03 of the Plan:</p> <p><input checked="" type="checkbox"/> (a) shall not apply</p> <p><input type="checkbox"/> (b) shall apply and the Default Percentage indicated below shall be automatically withheld and contributed to the Plan as a Pre-Tax Elective Deferral.</p> <p>Default Provision (a)</p>	

18. (a) Covered Employee for Purposes of Eligible Automatic Contribution Arrangement (EACA):

Employees covered under the EACA are (Check one of the options below.):

- ☐ (1) All Participants
☐ (2) All Participants who do not have an affirmative election in effect regarding Elective Deferrals
☐ (3) All Participants who become Participants on or after the effective date of the EACA and who do not have an affirmative election in effect regarding Elective Deferrals

Default Provision (a)(1)

(b) Default Percentage (Check one of the options below and insert a percentage or percentages and, if applicable, a date.):

- ☐ (1) The Default Percentage is ____% (a uniform percentage of each Covered Employee's Compensation for the applicable pay period)
☐ (2) The initial Default Percentage is ____% (a uniform percentage of each Covered Employee's Compensation for the applicable pay period) and will increase by one percentage point as described in Section 3.03 of Article III of the Plan until the Default Percentage is ____%. (Insert the highest default percentage that will apply) Each increase will be effective with the first pay period of the Plan Year or the first pay period after the date inserted here: ____.

Default Provision: If Item 17(b) is selected, then 18(b)(1) shall apply at the rate of 3%

ROLLOVER/TRANSFER AND OTHER EMPLOYEE CONTRIBUTION PROVISIONS

19. (a) Direct Rollovers: The Plan will accept a Direct Rollover of an Eligible Rollover Distribution from (check each that applies or N/A):

- ☐ (1) N/A. The Plan will not accept Direct Rollovers from any plan.
☒ (2) a qualified plan described in section 401(a) or 403(a) of the Code, excluding After-Tax employee contributions.
☒ (3) an annuity contract described in section 403(b) of the Code, including After-Tax employee contributions.
☐ (4) an annuity contract described in section 403(b) of the Code, excluding After-Tax employee contributions.
☒ (5) an eligible plan under section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state.

Default Provision (a) (2)(3) and (5)

(b) The Plan ☒ (1) will ☐ (2) will not accept Designated Roth accounts from any of the plans selected in 19(a)

Default Provision (b)(2)

20. Participant Rollover Contributions

(a) Participant Rollover Contributions from Other Employer Plans: The Plan will accept a Participant contribution of an Eligible Rollover Distribution from (check each that applies or N/A):

- ☐ (1) N/A. The Plan will not accept Rollover Contributions from any employer plan.
☒ (2) a qualified plan described in section 401(a) or 403(a) of the Code, excluding after-tax employee contributions.
☒ (3) an annuity contract described in section 403(b) of the Code, excluding after-tax employee contributions.
☒ (4) an eligible plan under section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state.

Default Provision (a)(2), (3), and (4)

(b) The Plan ☒ (1) will ☐ (2) will not accept Designated Roth accounts from any of the plans selected in 20(a)

Default Provision (b)(2)

(c) Participant Rollover Contributions from IRAs: The Plan (choose one):

- (1) ☒ will (2) ☐ will not accept a Participant Rollover Contribution of the portion of a distribution from an individual retirement account or annuity described in section 408(a) or 408(b) of the Code that is eligible to be rolled over and would otherwise be includible in gross income.

Default Provision (c)(1)

21. In-Plan Roth Rollovers:

- (a) The Plan ☒ (1) will ☐ (2) will not permit In-Plan Roth Rollovers of distributable amounts.
Default Provision (a)(2)
 (b) The Plan ☒ (1) will ☐ (2) will not permit In-Plan Roth Rollovers of otherwise non-distributable amounts.
Default Provision (b)(2)

22. Deemed IRA Contributions. A Participant may make Deemed IRA contributions to the following type(s) of IRA Accounts established in accordance with Article XIII of the Plan:

- ☐ (a) Traditional
☐ (b) Roth
☒ (c) Either (a) or (b) above as designated by the Participant at the time the contribution is made

23. Mandatory Employee Contributions shall be required to be made by the following Employees:

- ☐ (a) _____% of each eligible Employee's Compensation if such Employee was hired after: _____; and if applicable
☐ (b) _____% of each eligible Employee's Compensation if such Employee was hired after _____, and was a participant in _____ (e.g. state retirement plan) but after receiving a choice has elected to participate in this Plan.

DISTRIBUTION PROVISIONS

24. Pursuant to the underlying Individual Agreements, the following transactions are permitted:

(a) Select all that apply and specify the corresponding sources from which the withdrawal can be made:

		All Contributions	Elective Deferrals	Mandatory Contributions	Employer Contributions
<input type="checkbox"/> (1)	Financial Hardship Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (2)	Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (3)	Distributions at age 59 ½	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) The following transactions are permitted:

<input checked="" type="checkbox"/> (1)	Plan-to-Plan transfers to another Employer Plan
<input checked="" type="checkbox"/> (2)	Transfers to a State Retirement Plan to purchase service credits
<input checked="" type="checkbox"/> (3)	Distribution of Rollover Contributions at any time

(c) The following distributions are permitted from Employer Contributions under Annuity Contracts only:

<input type="checkbox"/> (1)	Attained Age of _____
<input type="checkbox"/> (2)	After _____ Years of Service

25. If permitted by the underlying Individual Agreements, the Plan (a) ☒ will, (b) ☐ will not permit the distribution of Small Account Balances from the Plan.

Default Provision (b)

EMPLOYER CONTRIBUTIONS

26. Employer Contributions

- ☐ (a) Employer Contributions shall not be made.
☒ (b) Employer Contributions shall be made as follows (check all types that apply):
- ☒ (1) Employer Contributions shall be made in accordance with any applicable collective bargaining agreements or employment contracts as shall be determined from time to time by the Employer.
 - ☐ (2) Discretionary Contribution Formula: Nonelective Employer contributions will be allocated to each Participant in the ratio that such Participant's Compensation bears to the compensation of all Participants to whom Nonelective Employer contributions are allocated determined annually by the Employer.
 - ☐ (3) Definite Contribution Formula: For each Plan Year, the Employer will contribute for each eligible Participant an amount equal to _____% or \$_____ of such Participant's Compensation.
 - ☐ (4) Employer Post-Employment Contributions shall be made.

- ☐ (5) Employer Matching Contributions shall be made under the following formula:
- ☐ (A) _____ percent of the Participant's Elective Deferrals
 - ☐ (B) _____ percent of the Participant's Employee Contributions
 - ☐ (C) The Employer shall not match amounts provided in excess of \$_____, or in excess of _____ percent, of the Participant's Compensation
 - ☐ (D) An amount, if any, determined by the Employer
- ☐ (6) ORP Contributions under the State of _____ made pursuant to the applicable laws of the ORP.
- ☐ (7) Employees hired after _____ where such Employees are making a Mandatory Employee Contribution of _____%, shall receive an Employer Nonelective Contribution of _____% of Compensation.

Default Provision (b) (1) if Item (b) is selected

ELIGIBILITY AND PARTICIPATION – EMPLOYER CONTRIBUTIONS

27. All Employees of the Employer (including employers required to be aggregated under sections 414(b), (c), (m), or (o) of the Code) will be eligible to participate in this Plan except the following:

		Nonelective	Matching
<input type="checkbox"/> (a)	N/A. There is no age or service requirement.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Employees who have not attained age _____ (cannot exceed age 21)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (c)	Employees who have not completed a <u>mutually agreed upon years of service requirement. Please refer to collective bargaining agreements and employment contracts. It varies based on employee class and</u> Year(s) of Service; or _____ Month(s) of Service; or _____ Day(s) of Service. (Cannot exceed 1 year unless the Plan provides a nonforfeitable right to 100% of the Participant's account balance derived from Employer contributions after not more than 2 years of service in which case up to 2 years is permissible. If the Year(s) of Service selected is or includes a fractional year, an employee will not be required to complete any specified number of Hours of Service to receive credit for such fractional year.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

28. All Employees who are members of eligible classes of employees shall be eligible to participate in the Plan except:

		Nonelective	Matching
<input type="checkbox"/> (a)	N/A. There are no exclusions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Nonresident Aliens (see Section 2.28 of the Plan)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Employees who become Employees as the result of a "section 410(b)(6)(C) transaction"	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	Employees of the following employer(s) aggregated with the Employer under section 414(b), (c), (m), or (o) of the Code: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	Hourly Rated Employees	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (f)	Other (specify): <u>Some employees do not receive a match. Please refer to collective bargaining agreements or employment contracts (Note: Insert an exclusion category, e.g. Division A Employees.)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> (g)	Nonresident Aliens (see Section 2.28 of the Plan)	<input type="checkbox"/>	<input type="checkbox"/>

29. (a) Eligibility under the Plan will be extended to all Employees who satisfied the eligibility requirements of this Plan with the following prior unrelated employer(s): ☒ (1) Tenured teachers could receive match sooner, please refer to collective bargaining agreement; ☐ (2) N/A

(b) The eligibility and service requirements in Item #27 above ☐ (1) are ☒ (2) are not waived with respect to Employees employed on the Effective Date of this Plan. If these requirements are waived, such Employees shall become Participants in the Plan as of the Effective Date of the Plan.

30. Service for eligibility and vesting will be determined on the basis of the method selected below. Only one method may be selected and such method will be applied to all Employees covered under the Plan.

- ☐ (a) On the basis of actual hours for which an Employee is paid or entitled to payment
- ☐ (b) On the basis of days worked. An Employee will be credited with ten (10) hours of service if under Section 2.25 of the Plan such Employee would be credited with at least one (1) Hour of Service during the day
- ☐ (c) On the basis of weeks worked. An Employee will be credited with forty-five (45) Hours of Service if under Section 2.25 of the Plan such Employee would be credited with at least one (1) Hour of Service during the week
- ☐ (d) On the basis of semi-monthly payroll periods. An Employee will be credited with ninety-five (95) Hours of Service if under Section 2.25 of the Plan such Employee would be credited with at least one (1) Hour of Service during the semi-monthly payroll period
- ☐ (e) On the basis of months worked. An Employee will be credited with one hundred ninety (190) Hours of Service if under Section 2.25 of the Plan such Employee would be credited with at least one (1) Hour of Service during the month
- ☐ (f) On the basis of Elapsed Time, as provided for in Section 2.43(b)(2) of the Plan

31. (a) Subsequent Eligibility Computation Periods shall commence with:

- ☐ (1) the anniversary of the Employee's employment commencement date; or
- ☐ (2) the Plan Year which commences prior to the Employee's first anniversary of his employment commencement date.

(b) Subsequent Vesting Computation Periods shall commence with:

- ☐ (1) the anniversary of the Employee's employment commencement date; or
- ☐ (2) the Plan Year which commences prior to the Employee's first anniversary of his employment commencement date.

32. An Employee who has completed the eligibility requirements shall enter the Plan on the following Entry Date:

		Nonelective	Matching
<input type="checkbox"/> (a)	There are no age and service requirements. Entry Date shall mean the Employee's employment commencement date.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (b)	The day on which the Employee satisfies the eligibility requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> (c)	The first day of the Plan Year in which the Employee satisfies the eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	The first day of the first month or the first day of the 7th month of the Plan Year coinciding with or next following the satisfaction of the Plan's eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	The first day of the month in which the Participant satisfies the eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (f)	The first day of the following months after the Employee satisfies the eligibility requirements _____	<input type="checkbox"/>	<input type="checkbox"/>

33. All of an Employee's Years of Service with the Employer are counted to determine the Vested Percentage in the Participant's Employer Contribution except:

- ☒ (a) N/A. All Years of Service will count toward Vesting
- ☐ (b) Years of Service before age 18
- ☐ (c) Years of Service before the Employer maintained this Plan or a predecessor plan

34. Each Participant's Vested Percentage in his Employer Contribution Account shall be determined as follows:

	Nonelective	Matching
<input checked="" type="checkbox"/> (a) Vesting Formula #1 - 100% vested at all times	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> (b) Vesting Formula #2 - 100% vested after _____ (not to exceed three) Years of Service	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> (c) Vesting Formula #3: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Years of Service</th> <th style="text-align: left; border-bottom: 1px solid black;">Vested Percentage</th> </tr> </thead> <tbody> <tr> <td>Less than 1</td> <td>_____</td> </tr> <tr> <td>1</td> <td>_____</td> </tr> <tr> <td>2</td> <td>_____ (not less than 20%)</td> </tr> <tr> <td>3</td> <td>_____ (not less than 40%)</td> </tr> <tr> <td>4</td> <td>_____ (not less than 60%)</td> </tr> <tr> <td>5</td> <td>_____ (not less than 80%)</td> </tr> <tr> <td>6 or more</td> <td>100%</td> </tr> </tbody> </table>	Years of Service	Vested Percentage	Less than 1	_____	1	_____	2	_____ (not less than 20%)	3	_____ (not less than 40%)	4	_____ (not less than 60%)	5	_____ (not less than 80%)	6 or more	100%	<input type="checkbox"/>	<input type="checkbox"/>
Years of Service	Vested Percentage																	
Less than 1	_____																	
1	_____																	
2	_____ (not less than 20%)																	
3	_____ (not less than 40%)																	
4	_____ (not less than 60%)																	
5	_____ (not less than 80%)																	
6 or more	100%																	
<input type="checkbox"/> (d) Notwithstanding the Vesting Formula selected above, all Participants as of _____ will be 100% vested.																		
35. Forfeitures not used to restore Participant's Accounts or pay expenses will be (choose one):																		
	Nonelective	Matching																
<input type="checkbox"/> (a) allocated in addition to the Employer Contributions	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> (b) used to reduce any required Employer contributions	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> (c) used to reduce Employer Matching Contributions and any remainder allocated in addition to the Employer Contribution	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> (d) used to reduce Employer Contributions in the following order and manner: <input type="checkbox"/> (1) for the current Plan Year <input type="checkbox"/> (2) for the subsequent Plan Year <input type="checkbox"/> (3) Other (describe; must be determined on a nondiscriminatory basis): _____	<input type="checkbox"/>	<input type="checkbox"/>																
<input checked="" type="checkbox"/> (e) N/A. 100% vesting has been elected and there are no forfeitures under the Plan.																		
36. Forfeitures arising on account of termination of employment shall be allocated as of the last day of the Plan Year which is concurrent with or next follows:																		
<input type="checkbox"/> (a)	Employee's termination of employment																	
<input type="checkbox"/> (b)	Employee having incurred a 1-year Break in Service																	
<input type="checkbox"/> (c)	Employee having incurred 2 consecutive 1-year Breaks in Service																	
<input type="checkbox"/> (d)	Employee having incurred 5 consecutive 1-year Breaks in Service																	
<input type="checkbox"/> (e)	The later of the payment of the vested benefit or the Employee having incurred 5 consecutive 1-year Breaks in Service																	
<input checked="" type="checkbox"/> (f)	N/A. 100% vesting has been elected and there are no forfeitures under the Plan.																	
OVERRIDING LANGUAGE FOR MULTIPLE PLANS																		
37. If the Participant is covered under another Section 403(b) plan of the Employer, other than a Section 403(b) Volume submitter or prototype plan, the provisions of Section 5.01 of Article V will apply as if the other plan were a Section 403(b) volume submitter or prototype 403(b) plan.																		
RELIANCE ON ADVISORY LETTER AND ACKNOWLEDGEMENTS																		

38. Reliance and Acknowledgements:

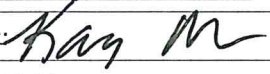
- This Adoption Agreement may be used only in conjunction with basic Plan Document #01.
- The Sponsor will inform the adopting Employer of any amendments it makes to the Plan or of its discontinuance or abandonment of the Plan.
- The Employer must complete a new signature page if it modifies any prior elections or makes new elections in its Adoption Agreement.
- Failure to properly complete this Adoption Agreement may result in loss of favorable tax treatment for the Plan. The Employer's tax advisor should review the Plan and this Adoption Agreement prior to the Employer adopting such plan.
- The Employer may rely on the Advisory Letter issued for the approved specimen plan, except to the extent that the Employer's Plan is not identical to the approved specimen plan, disregarding any differences attributable solely to the Employer's choices of options provided under the specimen plan.

AUTHORIZED SIGNATURE AND CERTIFICATION

39. The undersigned Employer acknowledges receipt of a copy of the Plan, Administrative Appendix and this Adoption Agreement on the date indicated below. The adopting Employer by signing below certifies that:

- The Employer is an educational organization described in section 170(b)(1)(A)(ii); and
- For purposes of the nondiscrimination requirements of section 403(b)(12) the Plan is a Governmental Plan within the meaning of section 414(d) of the Code of a Public School; or a Governmental Plan of an organization described in section 501(c)(3) of the Code.

Name of Employer: Annandale Public School

Signature of Employer: 

Date: 11/06/2019

Name of Signer: Kacy Muldoon

Title: Director of HR

RESTATEMENT EFFECTIVE DATES ADDENDUM	
Note: If this Plan is not a restatement of any existing Plan, this item does not apply.	
GENERAL RESTATEMENT EFFECTIVE DATES	
Provision	Effective Date
<input type="checkbox"/> (a) The eligibility requirements under Item	_____
<input type="checkbox"/> (b) The Employer contribution provisions under Item	_____
<input type="checkbox"/> (c) The Vesting Formula under Item	_____
<input type="checkbox"/> (d) In-Service Distributions under Item	_____
<input type="checkbox"/> (e) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (f) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (g) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (h) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (i) Enter Provision and Item Number, if applicable: _____	_____
<p>Note: The effective date(s) above may not be earlier than January 1, 2010 and not later than the last day of the Plan Year in which the Adoption Agreement is signed.</p>	