

Completing the Money Purchase Plan Adoption Agreement No. 002



For help with completing this adoption agreement, you should also refer to your last completed adoption agreement in your records.

Enter the name of your plan and the plan number. **1A**

The 3-digit plan number is assigned by you and should correspond to the number you report on Form 5500, if applicable. (For example, your first plan is 001, the next plan you adopted is 002, and so on.)

Provide the name, address, and telephone number of the Plan Administrator. Each plan should have only one individual (not a company) listed as a Plan Administrator. **1B**

You should consider also naming a second individual as a Successor Plan Administrator to act on behalf of the plan in the event the named Plan Administrator dies, resigns, or is unwilling or otherwise unable to act on behalf of the plan, as defined in Article 2.33 of the Plan Document.

Check the box for "Amendment Effective Date" and complete the date, generally the first day of the plan year in which you sign the restating adoption agreement. **1E**

This is an amendment and restatement of a Basic Plan Document No. 04 Adoption Agreement previously executed by the Employer.

You should also indicate the original effective date of your plan in the space provided.

Complete the Employer information. **2A**

If you have ownership interest in more than one business, you should consult your tax advisor or refer to Article 2.3 of the Plan Document to see if you should fill out this section. **2B**

IRS guidelines require that you provide the names of any Affiliated Employers whose employees are covered by this plan.

Indicate the eligibility and coverage requirements in effect as of the amendment effective date you provided in Section 1. **3**

Fidelity Questions? Call 800-544-5373

The Defined Contribution Retirement Plan— Money Purchase Plan Adoption Agreement No. 002

A pre-approved plan for use with the Defined Contribution Retirement Plan, Basic Plan Document No. 04

1. Plan Information

A. Name of Plan:
This is the
[Plan Name]
Plan Number

The Plan consists of the Basic Plan Document, this Adoption Agreement as completed, and the separate Trust Agreement.

B. Name of Plan Administrator (if not the Employer):
Name
Address
City State ZIP Code
Telephone Number Email Address

The Plan Administrator serves as the main contact for the Plan and the designated agent for service of legal process for the Plan.

Name of Successor Plan Administrator:
Name
Address
City State ZIP Code
Telephone Number Email Address

(Note: The failure to name a successor Plan Administrator may result in the delay of Plan distributions, if the Plan Administrator is unable to fulfill its duties.)

C. Type of Plan. The plan is a money purchase pension plan.

D. Plan Year and Limitation Year:
Check one: 1. Calendar Year 2. Fiscal Year ending [Month] [Year]

(Note: If left blank, the Plan Year and Limitation Year will be the calendar year.)

Plan Information continues on next page. ►►

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1. Plan Information, continued

E. Plan Status and Effective Date:
Check one: 1. New Plan Effective Date: [Date MM/DD/YYYY] (Note: Cannot be earlier than the first day of the current Plan Year)
 2. Amendment Effective Date: [Date MM/DD/YYYY] (Note: Cannot be earlier than the first day of the current Plan Year)

This is:
 a. an amendment and restatement of a Basic Plan Document No. 04 Adoption Agreement previously executed by the Employer. With the execution of this restatement, the Trust Agreement formerly within Basic Plan Document No. 04 is hereby removed to become a separate, independent Trust Agreement without altering the substance thereof.
 b. an amendment and restatement from another plan document to a Basic Plan Document No. 04 Adoption Agreement.
[The original effective date of the Plan: MM/DD/YYYY]

2. Employer

A.
Name of Employer
Address
City State ZIP Code
Telephone Number Employer's Tax Identification Number

B. The term "Employer" includes the following Affiliated Employers covered by the Plan:
[]
[]
[]
(Note: All Affiliated Employers are required to be covered under the terms of the Plan.)

3. Coverage

A. The eligibility requirements for participation in the Plan will be:
1. Eligibility Service Requirement:
Check one: a. No eligibility service requirement.
 b. Six months of employment. (If this option is selected, an Employee will not be required to complete any specified number of hours of Service in the six-month period.)
 c. One Year of Service.
 d. Two Years of Service.

Coverage continues on next page. ►►

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If your current plan is not integrated with Social Security, check box 5A.

5A

If your current plan is integrated with Social Security, check box 5B and complete subsections (1) to indicate your contribution percentage, (2) your integration level, (3) your excess contribution percentage, and (4) your maximum disparity rate.

5B

Unless otherwise elected, the Normal Retirement Age is age 62.

6A

3. Coverage, continued

2. Age Requirement:
 Check one: a. No minimum age requirement.
 b. Years (Cannot be more than 21.)

B. An Employee who has satisfied the eligibility requirements for participation in Section 3.A above will become a Participant on the following date, provided he is an Employee:
 Check one: 1. On the first day of the calendar month in which such requirements are satisfied.
 2. On the first day of the Plan Year and the first day of the seventh month of the Plan Year (whichever is earlier) coinciding with or immediately following the date on which such requirements are satisfied.

C. The requirements listed above are:
 Check one: 1. Applicable to all Employees.
 2. Applicable to all Employees, except those Employees employed on the Effective Date. Such Employees will participate immediately. All other Employees will need to satisfy the requirements listed above.

4. Compensation
 Contributions for the Plan Year in which an Employee first becomes a Participant shall be determined based on the Employee's "Compensation".
 Check one: A. For the entire Plan Year.
 B. For the portion of the Plan Year in which the Employee is eligible to participate in the Plan.
 (Note: "Compensation" is defined in Article 2.12 of the Basic Plan Document.)

5. Money Purchase Employer Contributions
 Select A, B, or C below. A or B should be selected if the Employer is still contributing to the Plan. C should be selected if the Plan is frozen or is being amended to freeze future contributions.
 Check one: A. Allocation of Money Purchase Employer Contributions will not be integrated with Social Security [See Article 4.12 of the Basic Plan Document].
 If the Plan will not be integrated with Social Security, fill in the blank below:
 1. Contribution formula: % of each Participant's Compensation (not less than 3% and not more than 20%) will be contributed for the Participant each Plan Year.

B. Allocation of Money Purchase Employer Contributions will be integrated with Social Security [See Article 4.13 of the Basic Plan Document].
 If the Plan will be integrated with Social Security, fill in the blanks below:
 1. Contribution formula (please complete both fill-ins):
 a. Base Contribution Percentage (percentage of Compensation not exceeding the Integration Level): % (Note: The Base Contribution Percentage cannot be less than 3%).
 b. Excess Contribution Percentage (percentage of Compensation exceeding the Integration Level): % (Note: The Excess Contribution Percentage cannot be less than 3% and may not exceed the Base Contribution Percentage by more than the lesser of (1) the Base Contribution Percentage, or (2) the Money Purchase Maximum Disparity Rate described in 3 below.)

Money Purchase Employer Contributions continues on next page. ▶▶

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5. Money Purchase Employer Contributions, continued

2. The Integration Level means the Social Security Taxable Wage Base for the Plan Year, unless the Employer elects a lesser amount to (a) or (b) below:
 a. (may not exceed the Taxable Wage Base).
 b. % of the Taxable Wage Base in effect on the first day of each Plan Year (may not exceed 100%).

3. The Excess Contribution Percentage (which may not exceed the Money Purchase Maximum Disparity Rate described below) will be:
 %

4. The Money Purchase Maximum Disparity Rate shall be:
 a. Unless an Integration Level other than the Social Security Taxable Wage Base is specified in Section 5.B.2 above, 3.7%.
 b. If a different Integration Level is specified in Section 5.B.2 above, the applicable percentage is determined in accordance with the table below:

If the Integration Level is more than:	But not more than:	The applicable percentage is:
\$0	X*	5.7%
X*	80% of TWB	4.3%
80% of TWB	Y**	5.6%

*X = the greater of \$10,000 or 20% of the TWB.
 **Y = any amount more than 80% of the TWB but less than 100% of the TWB.

C. Contributions to the Plan are frozen (select 1 or 2 below):
 1. This is an amendment to cease contributions and freeze the Plan effective:
 (indicate the month, day, and year). All required notices must be given to Participants in accordance with applicable law.
 2. The Plan was previously amended to cease contributions effective:
 (indicate the month, day, and year).

6. Normal Retirement Age
 A. Unless otherwise elected below, Normal Retirement Age means age 62.
 1. The Plan applies an earlier Normal Retirement Age of:
 a. 55
 b. 59½ (Note: This election is only available if (i) the Employer elected an earlier Normal Retirement Age before January 1, 2009, and (ii) the Normal Retirement Age specified above is reasonably representative of the typical retirement age for the industry in which the Employees perform services. You may not rely on the option letter issued by the Internal Revenue Service as evidence that the age selected above is reasonably representative of the typical retirement age for the Employer's industry.)
 (Note: If the Plan's prior Normal Retirement age was age 55 or 59½, the Employer's ability to increase the Normal Retirement Age to age 59½ or age 62, as applicable, is limited by Article 10.3 of the Plan and applicable anti-cutback provisions of ERISA and the Code.)

Form continues on next page. ▶▶

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Skip this section if you are only operating one qualified plan.

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7. Multiple Qualified Plans

Select A or B below only if the Employer maintains other qualified plans and uses a method of satisfying the 415 limits or the top-heavy minimum contribution requirements different from the method provided under the Plan.

A. Other Order for Limiting Annual Additions: If the Employer maintains other defined contribution plans, annual additions to a Participant's Account shall be limited as provided in Article 12.3 of the Basic Plan Document to meet the requirements of Code Section 415, unless the Employer elects this Option and completes the 415 Correction Addendum describing the order in which annual additions shall be limited among the plans.

B. Other Method to Satisfy Top-Heavy Minimum Contribution Requirement: If the Employer maintains other qualified plans that are aggregated with the Plan for top-heavy purposes, the minimum contribution requirement will be met as provided in Article 12.2 of the Basic Plan Document, unless the Employer elects this Option and completes the 415 Contributions Addendum to the Adoption Agreement describing the way in which the minimum contribution requirements will be satisfied in the event the Plan is or is treated as a "top-heavy plan."

8. Reliance on Opinion Letter

This is a "standardized" pre-approved plan. You may rely on the opinion letter issued by the Internal Revenue Service as evidence that your Plan is qualified under Section 801 of the Internal Revenue Code except to the extent provided in Section 7.03 of Revenue Procedure 2017-41. You may not rely on the opinion letter in certain other circumstances or with respect to certain qualification requirements, which are specified in Section 7.03 of Revenue Procedure 2017-41.

If you have ever maintained or later adopt any plan (including a welfare benefit fund as defined in Section 419(a) of the Internal Revenue Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(e)(3) of the Internal Revenue Code or an individual medical account as defined in Section 419(d)(2) of the Code) in addition to the Plan, you will not be able to rely on the opinion letter issued by the Internal Revenue Service for the Pre-Approved Plan with respect to the requirements of Sections 415 and 416 of the Internal Revenue Code. You will not be considered to have maintained another plan merely because you maintained another defined contribution plan, provided that (i) the other defined contribution plan terminated before the effective date of the Plan and (ii) no annual additions were credited to the account of any participant under such other plan within a limitation year of the Plan. If you adopt or maintain multiple plans and you wish to obtain reliance with respect to the requirements of Sections 415 and 416 of the Internal Revenue Code, you must apply to Employee Plans Determinations of the Internal Revenue Service for a determination letter with respect to your Plan.

Failure to properly complete the Adoption Agreement and failure to operate the Plan in accordance with the terms of the Plan document may result in disqualification of the Plan.

9. Provider Information

A. Name of Provider:
FMR LLC

B. Address of Provider:
245 Summer Street
Boston, Massachusetts 02210
800.544.5373

Questions regarding this pre-approved plan document may be directed to the Provider.

Form continues on next page. >>

You must complete and sign Section 10 before the amendment is effective for your plan. Keep the signed Adoption Agreement along with the amended Basic Plan Document No. 04 in your permanent business records in the event you need to present a copy to the Department of Labor (DOL) or Internal Revenue Service (IRS).

10

10. Execution Page

The Employer appoints Fidelity Management Trust Company as Trustee and agrees to the fees set forth in the Retirement Plan Account Application, as amended from time to time. The Employer hereby directs the Trustee to invest any funds of the Plan that are transmitted without complete investment instructions in Fidelity Government Cash Reserves.

The Adoption Agreement may be used only in conjunction with Defined Contribution Retirement Plan, Basic Plan Document No. 04. Failure to fill out this Adoption Agreement properly may result in the disqualification of the Plan. The Provider shall inform the adopting Employer of any amendments made to the Plan or of the discontinuance or abandonment of the Pre-Approved Plan.

IN WITNESS WHEREOF, the Employer has caused this Adoption Agreement to be executed

To: _____ day of _____

EMPLOYER (NAME OF BUSINESS) _____

PRINT NAME OF PERSON SIGNING BELOW _____

SIGNATURE OF EMPLOYER _____

DATE MM/DD/YYYY _____

Did you sign the form and include any necessary documents?
Send the ENTIRE form and any Money Purchase Account Application(s) to Fidelity Investments.
Questions? Call 800.544.5373.

Regular mail
Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0036

Oversight mail
Fidelity Investments
100 Crosby Parkway, 1CTC
Covington, KY 41015

The Defined Contribution Retirement Plan— Money Purchase Plan Adoption Agreement No. 002

A pre-approved plan for use with the Defined Contribution Retirement Plan, Basic Plan Document No. 04

1. Plan Information

A. Name of Plan:

This is the

(the "Plan")
Plan Number

The Plan consists of the Basic Plan Document, this Adoption Agreement as completed, and the separate Trust Agreement.

B. Name of Plan Administrator (if not the Employer):

Name		
Address		
City	State	ZIP Code
Telephone Number	Email Address	

The Plan Administrator serves as the main contact for the Plan and the designated agent for service of legal process for the Plan.

Name of Successor Plan Administrator:

Name		
Address		
City	State	ZIP Code
Telephone Number	Email Address	

[Note: The failure to name a successor Plan Administrator may result in the delay of Plan distributions, if the Plan Administrator is unable to fulfill its duties.]

C. Type of Plan. The plan is a money purchase pension plan.

D. Plan Year and Limitation Year:

Check one.

1. Calendar Year 2. Fiscal Year ending

MM DD

[Note: If left blank, the Plan Year and Limitation Year will be the calendar year.]

Plan Information continues on next page. ►►



E. Plan Status and Effective Date:

Check one. **1. New Plan Effective Date:**

Date MM DD YYYY			

 [Note: Cannot be earlier than the first day of the current Plan Year.]

2. Amendment Effective Date:

Date MM DD YYYY			

 [Note: Cannot be earlier than the first day of the current Plan Year.]

This is:

Check one. **a.** an amendment and restatement of a Basic Plan Document No. 04 Adoption Agreement previously executed by the Employer. With the execution of this restatement, the Trust Agreement formerly within Basic Plan Document No. 04 is hereby removed to become a separate, independent Trust Agreement without altering the substance thereof.

b. an amendment and restatement from another plan document to a Basic Plan Document No. 04 Adoption Agreement.

The original effective date of the Plan MM DD YYYY

2. Employer

A.

Name of Employer		
Address		
City	State	ZIP Code
Telephone Number	Employer's Tax Identification Number	

B. The term "Employer" includes the following Affiliated Employers covered by the Plan:

[Note: All Affiliated Employers are required to be covered under the terms of the Plan.]

3. Coverage

A. The eligibility requirements for participation in the Plan will be:

1. Eligibility Service Requirement:

- Check one.
- a.** No eligibility service requirement.
 - b.** Six months of employment. (If this option is selected, an Employee will not be required to complete any specified number of Hours of Service in the six-month period.)
 - c.** One Year of Service.
 - d.** Two Years of Service.

Coverage continues on next page. ►►



2. Age Requirement:

Check one.

- a. No minimum age requirement.
- b. Years (Cannot be more than 21.)

B. An Employee who has satisfied the eligibility requirements for participation in Section 3.A above will become a Participant on the following date, provided he is an Employee:

Check one.

1. On the first day of the calendar month in which such requirements are satisfied.
2. On the first day of the Plan Year and the first day of the seventh month of the Plan Year (whichever is earlier) coinciding with or immediately following the date on which such requirements are satisfied.

C. The requirements listed above are:

Check one.

1. Applicable to all Employees.
2. Applicable to all Employees, except those Employees employed on the Effective Date. Such Employees will participate immediately. All other Employees will need to satisfy the requirements listed above.

4. Compensation

Contributions for the Plan Year in which an Employee first becomes a Participant shall be determined based on the Employee's "Compensation":

Check one.

- A.** For the entire Plan Year.
- B.** For the portion of the Plan Year in which the Employee is eligible to participate in the Plan.

[Note: "Compensation" is defined in Article 2.12 of the Basic Plan Document.]

5. Money Purchase Employer Contributions

Select A, B, or C below. A or B should be selected if the Employer is still contributing to the Plan. C should be selected if the Plan is frozen or is being amended to freeze future contributions.

Check one.

- A.** Allocation of Money Purchase Employer Contributions will not be integrated with Social Security. [See Article 4.12 of the Basic Plan Document.]

If the Plan will not be integrated with Social Security, fill in the blank below:

1. Contribution formula: % of each Participant's Compensation (not less than 3% and not more than 25%) will be contributed for the Participant each Plan Year.

- B.** Allocation of Money Purchase Employer Contributions will be integrated with Social Security. [See Article 4.13 of the Basic Plan Document.]

If the Plan will be integrated with Social Security, fill in the blanks below:

1. Contribution formula (please complete both fill-ins):

- a.** Base Contribution Percentage (percentage of Compensation not exceeding the Integration Level): % [Note: The Base Contribution Percentage cannot be less than 3%.]

- b.** Excess Contribution Percentage (percentage of Compensation exceeding the Integration Level): % [Note: The Excess Contribution Percentage cannot be less than 3% **and** may not exceed the Base Contribution Percentage by more than the lesser of (1) the Base Contribution Percentage, or (2) the Money Purchase Maximum Disparity Rate described in 3 below.]

Money Purchase Employer Contributions continues on next page. ►►



2. The Integration Level means the Social Security Taxable Wage Base for the Plan Year, unless the Employer elects a lesser amount in (a) or (b) below:

a. (may not exceed the Taxable Wage Base).

b. % of the Taxable Wage Base in effect on the first day of each Plan Year (may not exceed 100%).

3. The Excess Contribution Percentage (which may not exceed the Money Purchase Maximum Disparity Rate described below) will be:

%

4. The Money Purchase Maximum Disparity Rate shall be:

a. Unless an Integration Level other than the Social Security Taxable Wage Base is specified in Section 5.B.2 above, 5.7%.

b. If a different Integration Level is specified in Section 5.B.2 above, the applicable percentage is determined in accordance with the table below:

If the Integration Level is more than:	But not more than:	The applicable percentage is:
\$0	X*	5.7%
X*	80% of TWB	4.3%
80% of TWB	Y**	5.4%

*X = the greater of \$10,000 or 20% of the TWB.
 **Y = any amount more than 80% of the TWB but less than 100% of the TWB.

C. Contributions to the Plan are frozen (select 1 or 2 below):

1. This is an amendment to cease contributions and freeze the Plan effective:

(indicate the month, day, and year). All required notices must be given to Participants in accordance with applicable law.

2. The Plan was previously amended to cease contributions effective:

(indicate the month, day, and year).

6. Normal Retirement Age

A. Unless otherwise elected below, Normal Retirement Age means age 62.

1. The Plan applies an earlier Normal Retirement Age of:

a. 55

b. 59½ [Note: This election is only available if (i) the Employer elected an earlier Normal Retirement Age before January 1, 2009, and (ii) the Normal Retirement Age specified above is reasonably representative of the typical retirement age for the industry in which the Employees perform services. You may not rely on the opinion letter issued by the Internal Revenue Service as evidence that the age elected above is reasonably representative of the typical retirement age for the Employer's industry.]

[Note: If the Plan's prior Normal Retirement Age was age 55 or 59½, the Employer's ability to increase the Normal Retirement Age to age 59½ or age 62, as applicable, is limited by Article 10.3 of the Plan and applicable anti-cutback provisions of ERISA and the Code.]

Form continues on next page. ►►



7. Multiple Qualified Plans

Select A or B below only if the Employer maintains other qualified plans and uses a method of satisfying the 415 limits or the top-heavy minimum contribution requirements different from the method provided under the Plan.

- A. Other Order for Limiting Annual Additions:** If the Employer maintains other defined contribution plans, annual additions to a Participant's Account shall be limited as provided in Article 12.3 of the Basic Plan Document to meet the requirements of Code Section 415, unless the Employer elects this Option and completes the 415 Correction Addendum describing the order in which annual additions shall be limited among the plans.
- B. Other Method to Satisfy Top-Heavy Minimum Contribution Requirement:** If the Employer maintains other qualified plans that are aggregated with the Plan for top-heavy purposes, the minimum contribution requirement will be met as provided in Article 13.2 of the Basic Plan Document, unless the Employer elects this Option and completes the 416 Contributions Addendum to the Adoption Agreement describing the way in which the minimum contribution requirements will be satisfied in the event the Plan is or is treated as a "top-heavy plan."

8. Reliance on Opinion Letter

This is a "standardized" pre-approved plan. You may rely on the opinion letter issued by the Internal Revenue Service as evidence that your Plan is qualified under Section 401 of the Internal Revenue Code except to the extent provided in Section 7.01 of Revenue Procedure 2017-41. You may not rely on the opinion letter in certain other circumstances or with respect to certain qualification requirements, which are specified in Section 7.03 of Revenue Procedure 2017-41.

If you have ever maintained or later adopt any plan (including a welfare benefit fund as defined in Section 419(e) of the Internal Revenue Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Internal Revenue Code or an individual medical account, as defined in Section 415(1)(2) of the Code) in addition to the Plan, you will not be able to rely on the opinion letter issued by the Internal Revenue Service for the Pre-Approved Plan with respect to the requirements of Sections 415 and 416 of the Internal Revenue Code. You will not be considered to have maintained another plan merely because you maintained another defined contribution plan, provided that (i) the other defined contribution plan terminated before the effective date of the Plan and (ii) no annual additions were credited to the account of any participant under such other plan within a limitation year of the Plan. If you adopt or maintain multiple plans and you wish to obtain reliance with respect to the requirements of Sections 415 and 416 of the Internal Revenue Code, you must apply to Employee Plans Determinations of the Internal Revenue Service for a determination letter with respect to your Plan.

Failure to properly complete the Adoption Agreement and failure to operate the Plan in accordance with the terms of the Plan document may result in disqualification of the Plan.

9. Provider Information

A. Name of Provider:

FMR LLC

B. Address of Provider:

245 Summer Street
Boston, Massachusetts 02210
800-544-5373

Questions regarding this pre-approved plan document may be directed to the Provider.

Form continues on next page. ►►



10. Execution Page

The Employer appoints Fidelity Management Trust Company as Trustee and agrees to the fees set forth in the Retirement Plan Account Application, as amended from time to time. The Employer hereby directs the Trustee to invest any funds of the Plan that are transmitted without complete investment instructions in Fidelity Government Cash Reserves.

The Adoption Agreement may be used only in conjunction with Defined Contribution Retirement Plan, Basic Plan Document No. 04. Failure to fill out this Adoption Agreement properly may result in the disqualification of the Plan. The Provider shall inform the adopting Employer of any amendments made to the Plan or of the discontinuance or abandonment of the Pre-Approved Plan.

IN WITNESS WHEREOF, the Employer has caused this Adoption Agreement to be executed

This	day of
------	--------

EMPLOYER (NAME OF BUSINESS)	
PRINT NAME OF PERSON SIGNING BELOW	
SIGNATURE OF EMPLOYER	
SIGN	X
DATE MM/DD/YYYY	
DATE	X

Did you sign the form and include any necessary documents?

Send the ENTIRE form and any Money Purchase Account Application(s) to Fidelity Investments.

Questions? Call 800-544-5373.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0036

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 493047.7.0 (04/21)

