

**Profit Sharing/Standardized 401(k) Plan  
Adoption Agreement No. 003**

A Prototype Plan for use with the Fidelity Retirement Plan, Basic Plan Document No. 03

**1 PLAN INFORMATION**

**A. Name of Plan:**

This is the

(the "Plan")

Plan Number

The Plan consists of the Plan and Trust Agreement and this Adoption Agreement as completed. Under the Plan, Participants will be permitted to make elective contributions. In addition, the Employer may make profit sharing contributions.

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

Address

City State ZIP

( )

Telephone Number

E-mail Address

**Name of Successor Plan Administrator:**

Address

City State ZIP

( )

Telephone Number

E-mail Address

The Plan Administrator serves as the main contact for the Plan.

**C. Plan Year and Limitation Year (check one):**

Calendar Year  Fiscal Year ending \_\_\_\_\_

If left blank, calendar year will be assigned.

**D. Plan Status and Effective Date (check one):**

1. New Plan Effective Date: \_\_\_\_\_

2. Amendment Effective Date: \_\_\_\_\_

This is (check one):

A. an amendment and restatement of a Basic Plan Document No. 03 Adoption Agreement previously executed by the Employer.

B. an amendment and restatement from another plan document to a Basic Plan Document No. 03 Adoption Agreement.

The original effective date of the Plan

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month day year

**2 EMPLOYER**

**A. Name of Employer**

Address

City State ZIP

( )

Telephone Number

Employers Tax Identification Number \_\_\_\_\_ - \_\_\_\_\_

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

**3 COVERAGE**

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

**1. Eligibility Service Requirement (check one):**

- No eligibility service requirement.
- 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.)
- One Year of Service.

**2. Age Requirement (check one):**

- No minimum age requirement.
- \_\_\_\_\_ Years (cannot be more than 21).

**B. The requirements listed above are (check one):**

- Applicable to all Employees.
- 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 (SECTION 2.10 OF THE PLAN)

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

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

## 5 RELIANCE ON OPINION LETTER

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 Revenue Procedure 2005-16.

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 (other than Money Purchase Plan #002), you will not be able to rely on the opinion letter issued by the Internal Revenue Service for the Prototype Plan with respect to the requirements of sections 415 and 416 of the Internal Revenue Code.

If you adopt or maintain multiple plans and you wish to obtain reliance with respect to the requirements of sections 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service.

You may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Prototype Plan or in Revenue Procedure 2005-16.

## 6 PROTOTYPE INFORMATION

**Name of Prototype Sponsor:**  
Fidelity Management & Research Company

**Address of Prototype Sponsor:**  
82 Devonshire Street  
Boston, Massachusetts 02109  
800-544-5373

Questions regarding this prototype document may be directed to the Prototype Sponsor.

## 7 EXECUTION PAGE

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

The Adoption Agreement may be used only in conjunction with the Fidelity Retirement Plan, Basic Plan Document No. 03. Failure to fill out this Adoption Agreement properly may result in the disqualification of the Plan. The Prototype Sponsor shall inform the adopting Employer of any amendments made to the Plan or of the discontinuance or abandonment of the prototype plan document.

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

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Employer (name of business)  
SIGNATURE OF EMPLOYER

**X**

\_\_\_\_\_  
Print name of person signing above

\_\_\_\_\_  
Date



Smart move.®

Fidelity Brokerage Services LLC, Member NYSE, SIPC  
Fidelity Distributors Corporation