
Volume Submitter 403(b) Plan Document Adoption Agreement

IRS Letter Serial No. J500460a

Township High School District 211

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**Non-ERISA VOLUME SUBMITTER 403(b) PLAN DOCUMENT
FOR PUBLIC SCHOOLS, 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: Township High School District 211

Address: 1750 South Roselle Road

City: Palatine

State: IL

Zip Code: 60067

Phone: 847-755-6649

2. Contact Person: Karen Lasher

Phone: 847-755-6649

Email: klasher@d211.org

3. Employer Identification Number: 36-6004403

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): TSA Consulting Group, Inc.

PLAN INFORMATION

5. Sponsor of the 403(b) Volume Submitter Plan: TSA Consulting Group, Inc.

Address: 15 Yacht Club Dr NE, Fort Walton Beach FL 32548

Phone: 888-777-5827

Email: programs@tsacg.com

6. (a) Name of Plan: Township High School District 211 403(b) 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 ____; or

☐ (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 1st 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>01/01/2009</u>	<u>01/01/2010</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 checked="" 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 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 checked="" type="checkbox"/> (i)	Post-Employment Employer Contributions	<input 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 checked="" type="checkbox"/> (a)	No exclusions. All compensation will be included.	<input checked="" 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 type="checkbox"/> (d)	Other (describe another exclusion, for example, stipends):	<input 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: 01(day) 01(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 checked="" type="checkbox"/> (e)	Per Pay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (f)	Other (specify): _____	<input 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 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

	<p>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><input type="checkbox"/> (3) 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><input checked="" type="checkbox"/> (4) 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>(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>
14.	<p>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>
15.	<p>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>
16.	<p>If Roth 403(b) Elective Deferrals are permitted under the Plan then Excess Deferrals will first be corrected from the:</p> <p><input checked="" type="checkbox"/> (a) regular Pre-tax Elective Deferral Account; or</p> <p><input type="checkbox"/> (b) Roth Elective Account</p> <p><input type="checkbox"/> (c) N/A.</p>
AUTOMATIC ENROLLMENT	
<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>	
17.	<p>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>
18.	<p>(a) Covered Employee for Purposes of Eligible Automatic Contribution Arrangement (EACA): Employees covered under the EACA are (Check one of the options below.):</p> <p><input type="checkbox"/> (1) All Participants</p> <p><input type="checkbox"/> (2) All Participants who do not have an affirmative election in effect regarding Elective Deferrals</p> <p><input type="checkbox"/> (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</p> <p>(b) Default Percentage (Check one of the options below and insert a percentage or percentages and, if applicable, a date.):</p>

- ☐ (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: ____.

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.

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

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.

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

(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.

21. In-Plan Roth Rollovers:

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

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

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 checked="" type="checkbox"/> (1)	Financial Hardship Distributions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (2)	Loans	<input checked="" 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:

☒ (1) Plan-to-Plan transfers to another Employer Plan

☒ (2) Transfers to a State Retirement Plan to purchase service credits

☒ (3) Distribution of Rollover Contributions at any time

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

☒ (1) Attained Age of 59 1/2

☐ (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.

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.

<input type="checkbox"/> (7) Employees hired after ____ where such Employees are making a Mandatory Employee Contribution of ____, shall receive an Employer Nonelective Contribution of ____% of Compensation.			
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 checked="" 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 type="checkbox"/> (c)	Employees who have not completed ____ 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 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 checked="" 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 type="checkbox"/> (f)	Other (specify): ____ (Note: Insert an exclusion category, e.g. Division A Employees.)	<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): <input type="checkbox"/> (1) ____; <input checked="" type="checkbox"/> (2) N/A (b) The eligibility and service requirements in Item #27 above <input type="checkbox"/> (1) are <input type="checkbox"/> (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.			
<input type="checkbox"/> (a) On the basis of actual hours for which an Employee is paid or entitled to payment <input type="checkbox"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (f) On the basis of Elapsed Time, as provided for in Section 2.43(b)(2) of the Plan			

<p>31. (a) Subsequent Eligibility Computation Periods shall commence with:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> (1) the anniversary of the Employee's employment commencement date; or <input type="checkbox"/> (2) the Plan Year which commences prior to the Employee's first anniversary of his employment commencement date. </p> <p>(b) Subsequent Vesting Computation Periods shall commence with:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> (1) the anniversary of the Employee's employment commencement date; or <input type="checkbox"/> (2) the Plan Year which commences prior to the Employee's first anniversary of his employment commencement date. </p>																			
<p>32. An Employee who has completed the eligibility requirements shall enter the Plan on the following Entry Date:</p>																			
		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 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"/>																
<p>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:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> (a) N/A. All Years of Service will count toward Vesting <input type="checkbox"/> (b) Years of Service before age 18 <input type="checkbox"/> (c) Years of Service before the Employer maintained this Plan or a predecessor plan </p>																			
<p>34. Each Participant's Vested Percentage in his Employer Contribution Account shall be determined as follows:</p>																			
		Nonelective	Matching																
<input type="checkbox"/> (a)	Vesting Formula #1 - 100% vested at all times	<input type="checkbox"/>	<input 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)	<p>Vesting Formula #3:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="text-align: right;"><u>Years of Service</u></td> <td style="text-align: left;"><u>Vested Percentage</u></td> </tr> <tr> <td style="text-align: right;">Less than 1</td> <td style="text-align: left;">____</td> </tr> <tr> <td style="text-align: right;">1</td> <td style="text-align: left;">____</td> </tr> <tr> <td style="text-align: right;">2</td> <td style="text-align: left;">____ (not less than 20%)</td> </tr> <tr> <td style="text-align: right;">3</td> <td style="text-align: left;">____ (not less than 40%)</td> </tr> <tr> <td style="text-align: right;">4</td> <td style="text-align: left;">____ (not less than 60%)</td> </tr> <tr> <td style="text-align: right;">5</td> <td style="text-align: left;">____ (not less than 80%)</td> </tr> <tr> <td style="text-align: right;">6 or more</td> <td style="text-align: left;">100%</td> </tr> </table>	<u>Years of Service</u>	<u>Vested Percentage</u>	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"/>
<u>Years of Service</u>	<u>Vested Percentage</u>																		
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.																		
<p>35. Forfeitures not used to restore Participant's Accounts or pay expenses will be (choose one):</p>																			
		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: <ul style="list-style-type: none"> This Adoption Agreement may be used only in conjunction with basic Plan Document #04. 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: <ul style="list-style-type: none"> 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: <u>Township High School District 211</u>		
Signature of Employer: 	Date: <u>10/21/2019</u>	
Name of Signer: <u>Karen Lasher</u>	Title: <u>Director of Business Services</u>	

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Volume Submitter 403(b) Plan Document Administrative Appendix

Township High School District 211

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ADMINISTRATIVE APPENDIX

EMPLOYER NAME: TOWNSHIP HIGH SCHOOL DISTRICT 211

PART A: RESPONSIBILITIES

The following checklist outlines responsibilities associated with the Plan and the entity obligated to each item. If there is an item without an assignment of responsibility, such item becomes the duty of the Employer as the sponsor of the plan.

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
I. PLAN FINANCIAL REPORTING						
1.	Review and verify accuracy of Spark File or other Data Sharing Information and notify Vendor of errors. (This includes an annual audit to make sure that all amounts and sourcing did get credited to the proper participant in the Plan.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
II. ENROLLMENT OF PARTICIPANTS						
2.	If applicable, provide Employee census information prior to each entry date to determine eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
3.	Evaluate eligibility to determine who enters the plan on each entry date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	Provide enrollment forms to eligible employee (for deferral elections, investment elections, and beneficiary designations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5.	Provide mandatory notices at enrollment for Universal Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6.	Provide other required notices at enrollment, such as "deemed" control group (owning outside business)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Verify deferral percentage for new participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
8.	Analyze eligibility service and vesting service to be credited to rehired employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
9.	If Plan does not provide for full and immediate vesting, determine forfeitures that must be restored for rehired participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
10.	If certain types of compensation is excluded, evaluate compensation types for participant and ensure that deferrals are being removed from all relevant compensation types (check exclusions, e.g., stipends, coaching bonuses, club sponsorships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.	Confirm that proposed deferrals do not exceed plan defined limits or legal maximums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

ADMINISTRATIVE APPENDIX

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
12.	Verify entry and commencement of deferrals for new participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
13.	Provide completed enrollment forms to Vendor (Agent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.	Maintain copies of deferral and investment elections and all changes made	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
15.	Collect and maintain copies of beneficiary designations and changes to same	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	If Plan does not provide for full and immediate vesting, determine initial vesting computation period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
III. CONTRIBUTION DETERMINATION						
17.	Identify census parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.	Provide census information to determine contribution limits, vesting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19.	If Employees are not immediately eligible, determine employees eligible to participate in each type of contribution allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
20.	Verify type of contributions made (pre-tax deferral, Roth, employer, rollovers, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
21.	If compensation is excluded, determine includible compensation for participant for each type of contribution, if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
22.	Determine amount of each type of employer contribution for each participant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
23.	If Plan accepts Employer contributions, determine amount of true-up matching contribution at year end (if any)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
24.	If Plan accepts Employer contributions, verify that matching contributions do not exceed plan defined limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
25.	If Plan accepts Employer contributions, determine maximum contribution under IRC §415 and verify that contributions do not exceed that limit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
26.	Determine and maintain records of separate accounting for all types of contributions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

ADMINISTRATIVE APPENDIX

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
IV. VESTING AND FORFEITURES						
27.	Determine and maintain records of vesting service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
28.	Determine and maintain records of vesting percent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
29.	Determine timing of forfeiture from a participant's account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
30.	Determine use of forfeiture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
31.	Determine amount to be contributed based on use of forfeitures to reduce employer contribution (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
V. OTHER ALLOCATIONS						
32.	Allocate investment gains/losses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
33.	Allocate contribution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
VI. ANNUAL COMPLIANCE LIMITATIONS						
34.	Prepare annual Universal Availability Notice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
35.	Deliver annual Universal Availability Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
36.	Monitor statutory limits - Annual 415 limit, Compensation §401(a)(17), Elective Deferrals §402(g), Age 50 Catch-up §414(v), 15 year Catch-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
37.	Determine if additional plans must be aggregated with this Plan for overall limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
VII. ELECTIVE DEFERRALS						
38.	Process and verify deferral elections each payroll period to ensure proper deferral by participant, including deferral changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
39.	Reconcile deferral changes made between payrolls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
40.	Provide annual mandatory notices (Universal Availability, Automatic Enrollment, Other ____)(if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
41.	If Universal Availability failed, determine amount to be contributed with lost earnings. Amounts are contributed as earmarked as a QNEC (employer contribution). Amend plan to accept QNECs if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

ADMINISTRATIVE APPENDIX

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
42.	Ensure deposits of salary deferrals are made to Vendor within required timeframe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
VIII. DISTRIBUTIONS OF BENEFITS						
43.	Prepare and maintain distribution notices and elections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
44.	Provide distribution forms to participant, including 402(f) notice for rollover information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
45.	Review distribution forms to see if fully completed and signed by appropriate parties	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
46.	Evaluate eligibility to receive a distribution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
47.	Authorize distributions and other transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
48.	Confirm vested interest on termination of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
49.	Determine amount to be distributed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
50.	If Plan permits Roth Deferrals, determine basis in Roth Distributions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
51.	If Plan permits Roth Deferrals, determine and maintain beginning date for Roth qualification period	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
52.	If Plan permits Roth Defferals, determine whether Roth distribution is qualified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
53.	Proper Income tax withholding deposit made and IRS reporting on Form 945	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
54.	Form 1099-R provided to participant and IRS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
55.	Determine cash-out amounts for the year (e.g., accounts for terminated participants with less than \$1,000 value). Only available for Group Annuities or Group Custodial Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
56.	If elected under the Plan, determine amounts to be moved to an automatic IRA rollover (e.g., amounts for terminated participants with \$1,000 to \$5,000 in value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
57.	If permitted under the Plan, evaluate eligibility for hardship distribution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
58.	If permitted under the Plan, notify of ceasing deferrals for 6 months, confirm that deferrals have ceased, solicit new deferral form after 6 months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

ADMINISTRATIVE APPENDIX

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
59.	Evaluate proposed QDRO to determine if it qualifies as such	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
60.	Communicate to participant/former spouse regarding QDRO receipt (and provide copy of QDRO Policy) and QDRO determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Counsel	<input type="checkbox"/>
61.	Segregate account and initiate distribution to Alternate Payee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
62.	Authorize and verify requirements for Exchanges, 403(b) Transfers and Transfers to State DB Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

IX. PARTICIPANT LOAN, IF AVAILABLE

63.	Provide copy of loan procedure/policies to participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
64.	Prepare and retain loan documents (e.g., promissory note, etc.) for each participant loan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
65.	Determine maximum amount that may be borrowed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
66.	Provide Loan Request Forms to participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
67.	Confirm proper completion of loan application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
68.	Approve loan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
69.	Verify that proper loan payment procedures are in place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
70.	Determine defaulted and offset loans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
71.	Prepare Form 1099-R on defaulted loan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

X. MISCELLANEOUS

72.	Identify participants required to take a Required Minimum Distribution (RMD), including terminated employees, beneficiaries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
73.	Provide timely notice of RMD requirement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
74.	Determine minimum distribution amount	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
75.	Annually review of all Vendor documents including distribution forms, custodial agreements, annuity contracts, withholding notices and elections, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

ADMINISTRATIVE APPENDIX

		TPA	Vendor(s)	Employer	OTHER (specify)	N/A
XI. PLAN QUALIFICATION						
76.	Prepare Plan document	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
77.	Prepare Amendments, Required and optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
78.	Prepare written procedures/policies, where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ADMINISTRATIVE APPENDIX

PART B: PLAN VENDOR SCHEDULE

This Schedule may be amended from time to time and must be completed and executed by the Employer. Complete multiple pages if necessary.

Please note the following procedures for Transfer/Exchanges:

- The minimum amount for Transfers/Exchanges shall be \$0.00 (the default shall be \$0).
- Exchanges will be permitted between all Approved Vendors in section I and from Deselected Vendors in section II unless otherwise restricted. Please specify any restrictions here: Exchanges are permitted from any plan vendor into Approved Vendors in section I.
- Transfers are permitted at any time unless restricted as follows: NA.

I. LIST OF APPROVED VENDORS

These Vendors are authorized to receive ongoing contributions and incoming Transfers and Exchanges (unless restricted above) from Approved Vendors and Deselected Vendors.

Name of Vendor	Funding Vehicle	
	Custodial Agreement	Annuity Contract
AIG Retirement Services (VALIC)	X	X
Ameriprise Financial	X	X
ASpire Financial Services	X	X
AXA Equitable Life Insurance Company	X	X
Brighthouse Life Insurance Company	X	X
Fidelity Investments	X	
Great American-Annuity Investors Life	X	X
Invesco OppenheimerFunds	X	
Lincoln Investment Planning, LLC	X	X
Lincoln National Life Insurance Company	X	X
Metropolitan Life Insurance Company	X	X
Modern Woodmen of America	X	X
National Life Group	X	X
North American Company for Life	X	X
PFS Investments (Primerica)	X	X
Putnam Funds	X	
ReliaStar Life Insurance Co	X	X
Security Benefit Group	X	X
The Legend Group-A Lincoln Investment Co	X	X
Thrivent Financial	X	X
Thrivent Mutual Funds	X	
Vanguard Investments	X	
Waddell & Reed, Inc.	X	

II. LIST OF GRANDFATHERED VENDORS

Exchanges will be permitted from section II Vendors to section I Vendors. However, section II Vendors may not receive Exchanges and Transfers and the assets are not available for Participant Loans and Hardship Distributions unless other procedures apply; specify: The consistent receipt of electronic plan level information is required.

ADMINISTRATIVE APPENDIX

PART B: PLAN VENDOR SCHEDULE CONT.

Name of Vendor	Funding Vehicle	
	Custodial Agreement	Annuity Contract
VOYA Financial	X	

Employer Name: Township High School District 211

Effective Date of Plan Vendor Schedule: ☒ Immediate; or ☐ on ____, 20__.

Note: The Plan Vendor Schedule is no longer a part of the 403(b) Plan document. Employers may therefore change the investment providers without completing a new Adoption Agreement.

Signature Certificate



Document Reference: BFEKGEJ6T4NW472TT666KR

RightSignature

Easy Online Document Signing



Karen Lasher

Party ID: 3WHNKGJGHL8Y222YERTE54

IP Address: 50.202.83.182

VERIFIED EMAIL: klasher@d211.org

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

0e7c35d6896d67dd0f401fcc4f08024be84ad121



Timestamp

2019-10-21 05:13:57 -0700

2019-10-21 05:13:56 -0700

2019-10-17 08:01:12 -0700

2019-10-15 09:59:04 -0700

Audit

All parties have signed document. Signed copies sent to: Jennifer Rawn, Program Services, Karen Lasher, and Jomaris Riggan.

Document signed by Karen Lasher (klasher@d211.org) with drawn signature. - 50.202.83.182

Document viewed by Karen Lasher (klasher@d211.org). - 50.202.83.182

Document created by Jomaris Riggan (jriggan@tsacg.com). - 74.113.101.201



This signature page provides a record of the online activity executing this contract.