



## Employer Information

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PIN # \_\_\_\_\_ Phone \_\_\_\_\_

RSP Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Please complete the following:

We have complied with the annual notice requirement for the 2017 plan year by informing all of our eligible employees of their right to make salary deferral contributions to the plan. The notice (or the equivalent) was distributed on \_\_\_\_\_.

### Please check one of the following two boxes:

- Our organization does not have any highly compensated employees for the 2017 plan year. This means that none of our employees earned over \$120,000 (exclusive of housing allowance) during the 2016 calendar year.
- Our organization has one or more highly compensated employees for the 2017 plan year. This means that these individuals earned over \$120,000 (exclusive of housing allowance) during the 2016 calendar year.

If you selected the second box above, the Board of Pensions will follow up with you about compliance with the plan's nondiscrimination testing requirements.

Church Treasurer or other Authorized Employer Representative Name *(please print)* \_\_\_\_\_

Signature \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_