



Employer information

Employer _____

Address _____

City _____ State _____ ZIP _____

PIN # _____ Phone _____

RSP contact _____

Email _____ Phone _____

Complete the following:

We have complied with the annual notice requirement for the 2020 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 _____.

Check one of the following two boxes:

- Our organization does not have any highly compensated employees for the 2020 plan year. This means that none of our employees earned over \$125,000 (exclusive of housing allowance) during the 2019 calendar year.
- Our organization has one or more highly compensated employees for the 2020 plan year. This means that these individuals earned over \$125,000 (exclusive of housing allowance) during the 2019 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 *(print)* _____

Signature _____ Date *(mm/dd/yyyy)* _____

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