



Concordia Retirement Savings Plan Agreement for Adoption

By executing this Agreement, the Employer adopts the Concordia Retirement Savings Plan (CRSP) for its workers and agrees to comply with the provisions of the CRSP, including the elections made hereunder. In order to adopt the CRSP, an employer must also be a participating employer in the Concordia Retirement Plan and Concordia Disability and Survivor Plan, and must complete and return the required remittance paperwork. Once adopted, an employer remains an adopting employer, even if no worker participates for an extended period of time.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information	
Employer Name	Employer Number	Employer Phone Number
Address	City	State Zip Code
B	CRSP Eligibility of Part-Time Workers	
☐ Check here if the employer elects to allow part-time workers to participate in the CRSP, in addition to full-time workers.		
C	AutoSave	
To help workers prepare for retirement, employers may elect to implement an Automatic Enrollment/Escalation arrangement ("AutoSave") through the CRSP. Employers are not required to adopt an AutoSave program, but if implemented AutoSave must be applied equally to workers as indicated in Section C1 below. Before implementing AutoSave, you may wish to reference the CRSP AutoSave Guide for more specific details and considerations.		
C1	Automatic Enrollment Election	
Under Automatic Enrollment, the employer automatically deducts salary deferrals from a worker's wages unless the worker makes an election not to contribute or to contribute a different amount. The default contribution rate should be a whole-number percentage of compensation and be consistent among all eligible workers. <i>Please check the box(es) that apply, and complete the necessary elections.</i> ☐ This employer elects to implement Automatic Enrollment in the CRSP • Automatic Enrollment will apply to: ☐ Existing and newly eligible workers, starting with the first pay date indicated below ☐ Newly eligible workers only, starting with the first pay date indicated below • Automatic Enrollment will begin with the first pay date in _____ (Month, Year - Example: January 2019) Note: Applicable worker notices must be dated and sent to eligible workers at least 30 days before this start date. • The automatic deferral percentage of compensation is: ☐ 2% ☐ 4% ☐ 6% ☐ Other _____% • The automatic deferral will be withheld for all workers on a(n): ☐ Pre-Tax basis ☐ After-Tax Roth basis • A worker's affirmative election to opt-out of Automatic Enrollment: ☐ Will not expire ☐ Will expire annually • AutoSave will apply to: ☐ Full-Time Workers Only ☐ Full-Time and Part-Time Workers ☐ This employer will not facilitate Automatic Enrollment in the CRSP.		
C2	Automatic Escalation Election	
Under Automatic Escalation, the employer automatically increases a worker's deferral rate by 1% each year, until a preset maximum percentage of compensation (or the IRS maximum deferral amount) is reached. Adoption of Automatic Escalation is not required, but does require concurrent implementation of Automatic Enrollment. If adopted, Automatic Escalation will apply to all existing and newly eligible workers participating in the CRSP. <i>Please check the box(es) that apply, and complete the necessary elections.</i> ☐ This employer elects to implement Automatic Escalation in the CRSP in addition to Automatic Enrollment • Workers' deferral rate will escalate at a rate of 1% each year, up to _____% of compensation (Ex, 10%), or the annual contribution limit • Automatic Escalation will start with the first payroll in _____ (Month, Year - Ex: January, 2019), and will remain in effect until otherwise elected by the employer • A worker's affirmative election to opt-out of Automatic Escalation: ☐ Will not expire ☐ Will expire annually • Newly eligible workers to be subject to Automatic Escalation during their first year of eligible service with the employer: ☐ Workers who become eligible _____ (Example: Six) months or less prior to the annual Automatic Escalation date will not be escalated until the following year ☐ All eligible workers will be subject to the annual Automatic Escalation ☐ This employer will not implement Automatic Escalation in the CRSP.		

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D	Employer Contribution Election
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Employers are not required to, but may elect to make employer contributions to their workers' CRSP accounts. Employer contributions are submitted directly by the employer and should generally be remitted after each pay period. Any employer contribution election should be applied uniformly to all eligible workers, as indicated below.

Please check the appropriate box(es) below and complete the necessary elections.

The employer will:

- ☐ Make matching employer contributions equal to
- ☐ _____ % of each worker's salary deferrals (Example; 25%, 50%, 100%), up to _____ % of compensation (Example, 1-10%)
- ☐ _____ % of each worker's salary deferrals (Example; 25%, 50%, 100%), up to a maximum of \$ _____ per worker per year
- ☐ Make fixed* employer contributions of
- ☐ _____ % of each worker's compensation per year (Example 1%-10%) ☐ \$ _____ per year
- ☐ Not make an employer contribution at this time.

The Employer contribution election will apply to:

- ☐ Full-Time Workers Only ☐ Full-Time and Part-Time Workers

This employer processes payroll _____ times per year.

All contributions are subject to Internal Revenue Code maximum contribution limits.

If you would like to set up a matching structure different from what is suggested, please contact CPS.

**A fixed employer contribution is not dependent on whether or not a worker has elected to make salary deferral contributions to the Plan.*

E	CRSP Administrator Information
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Printed Name of CRSP Administrator _____

Email Address of CRSP Administrator _____

Daytime Phone Number of CRSP Administrator _____

F	Employer Representative Signature
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The employer named above hereby adopts the Concordia Retirement Savings Plan and agrees to offer participation in CRSP to all eligible employees and comply with the provisions of CRSP, including any amendments thereto.

Effective Date: (MM/DD/YYYY): _____ (first of any month following the employer adoption date, or the date Concordia Plan Services receives all required paperwork, if later)

I hereby certify to Concordia Plan Services that the resolutions to adopt the CRSP were duly adopted and recorded and that I am authorized to sign this agreement on behalf of the employer. I agree that the information completed herein is true, correct, and complete, to the best of my knowledge, and agree the employer will be bound by the elections made herein.

X

Signature of Authorized Employer Representative _____

Date _____

Email Address of Authorized Employer Representative _____