

Employer Participation Form – NC 401(k) Plan and NC 457 Plan

Employer Name: Town of Apex

ORBIT Agency Number: 99217

Employer (Subplan) Number: _____

Type of form: New Revised

Type of Employer (SP600)

- State agency
- University
- County
- Municipality
- School system
- Charter school
- Community college
- Other

Mailing Address: 73 Hunter Street

City/State/Zip: Apex, NC 27502

County: Wake

The information in this form is provided for the following plan(s):

- NC 401(k) Plan (002003)
- NC 457 Plan (012003)

NC 401(k) Plan only: The waiting period before a new employee is eligible to participate in the NC 401(k) Plan is ___ days. The number of days cannot exceed 60. If the response is left blank, no waiting period applies. The employer is responsible for only sending employee deferrals or employer contributions for the employee once the employee is eligible to participate in the plan and no earlier.

Will you provide employer contributions for your employees?

- Yes **Note:** If you answer yes, then you must complete the Employer Contributions Program Form(s) in Attachment A (NC 401(k) Plan) and/or Attachment B (NC 457 Plan).
- No

Note: Employer contributions include optional contributions from an employer to employees' accounts as well as the contributions required by N.C.G.S. §§ 143-166.30(e) and 143-166.50(e) for law enforcement officers.

Payroll Frequency (SP905)

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Other: _____

Loan Repayment Frequency (SP904)

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Other: _____

Contribution Remittance Method

- System-generated file
- Internet Contribution Center on Plan Sponsor Website

Funding

- ACH debit (Prudential debits a pre-approved account upon receipt of file)
- Wire
- Check

Employee Contribution Format

- Percentage (%) of gross compensation* only
- Flat dollar (\$) amount only (whole dollars only)
- Both percentage (%) and flat dollar (\$)

*“Compensation” is defined in Section 1.08 of the plan document, available at myNCRetirement.com.

Contribution Accelerator

Contribution Accelerator provides your employees with the opportunity to increase their deferral rate automatically on an annual basis by one percentage point, until their deferral rate reaches eight percent of compensation. Enrollment in Contribution Accelerator is optional for employees and can be terminated at any time. If you offer both plans, your selection applies to both plans.

Do you want to provide Contribution Accelerator to your employees?

- Yes (Completion of a separate enrollment form is required)
- No

If the response is left blank, then Contribution Accelerator will not be available to your employees.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Authorized Representatives (Two Pages)

The following people are authorized to serve as contacts for the employer, to receive and provide information on behalf of the employer, and to act on behalf of the employer for purposes related to the NC 401(k) Plan, NC457 Plan and/or NC 403B Program. You must provide at least one primary human resources representative and one payroll representative; however, the same person can serve in both capacities. A human resources representative's duty includes answering questions related to a participant's employment status. A payroll representative's duties include assistance with the contributions and loan files.

Employer Name: _____

Name & Title	Role & Contact Type	Contact Information	Access Required*
<u>First Name:</u> <u>Last Name:</u> <u>Title:</u>	<u>Role:</u> Payroll <u>Contact Type:</u> Secondary	<u>Email:</u> <u>Phone #:</u> <u>Fax #:</u> <u>Mailing Address:</u>	None
<u>First Name:</u> <u>Last Name:</u> <u>Title:</u>	<u>Role:</u> Payroll <u>Contact Type:</u> Secondary	<u>Email:</u> <u>Phone #:</u> <u>Fax #:</u> <u>Mailing Address:</u>	None
<u>First Name:</u> <u>Last Name:</u> <u>Title:</u>	<u>Role:</u> Payroll <u>Contact Type:</u> Secondary	<u>Email:</u> <u>Phone #:</u> <u>Fax #:</u> <u>Mailing Address:</u>	None

***Sponsor Center Access** – log in to view loan starts/stops, contribution rate changes, action required reports and update employee information.
 ***Pru Messenger Access** – Prudential's secure email transmission site, used to send contribution files and sensitive information.
 ***Funding confirmations** – provides confirmation of the date a payroll file has been processed/invested.

IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR CEASES TO BE COMPLETE AND ACCURATE THE EMPLOYER IS REQUIRED TO SUBMIT A REVISED FORM TO PRUDENTIAL VIA EMAIL AT NCPLANS@PRUDENTIAL.COM.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Employer Contribution Program Form – NC 401(k) Plan (3 Page Form)

Participating employers in the NC 401(k) Plan are permitted to make employer contributions to employees' accounts in accordance with applicable law and the plan document for the NC 401(k) Plan. In addition, N.C.G.S. §§ 143-166.30(e) and 143-166.50(e) require employers to make certain contributions for their law enforcement officers.

Name of Employer: _____

Employer (Subplan) Number: _____

Type of form: New Revised

Ceasing Employer Contributions (Fill in date if applicable)

By providing the date in the following sentence, the employer is electing to cease providing employer contributions as of specified date. The current employer contribution program shall cease on the following effective date: _____.

Matching Contributions

The employer match will be (you may choose a and/or b, if you choose both please complete the section "Important Restriction on Employer Contributions):

- a. ____% of each eligible employee's contributions per pay period, up to a maximum of ____% of the employee's compensation (not to exceed 80% of compensation); or

- b. A dollar for dollar match up to \$____ of each eligible employee's contributions.

If the same calculation for matching contributions is not used for all eligible employees, complete the section below titled "Important Restriction on Employer Contributions."

Effective Date of Match: _____

Non-matching Contributions

The employer will contribute the following amount to each eligible employee per pay period:

- a. \$ _____
- b. ____% of each employee's gross compensation*

If the same calculation for non-matching contributions is not used for all eligible employees, complete the section below titled "Important Restriction on Employer Contributions."

Effective Date of Non-Match Contribution: _____

*Please refer to the definitions of compensation for the NC 401(k) and NC 457 Plans at

<https://www.myncretirement.com/non-retirees/current-employees/nc-401k-plan-nc-457-plan-and-nc-403b-program-supplemental-retirement#what-is-considered-%E2%80%9Ccompensation%E2%80%9D-that-can-be-contributed-to-each-of-the-plans>

Waiting Period

If the employee must complete a service period (waiting period) with the employer prior to receiving employer contributions, the following service period (not to exceed one year) applies:

_____.

Important Restriction on Employer Contributions

An employer's matching and non-matching contributions must be provided to all of its employees on an equal basis as described above, unless the distinctions made among employees or groups of employees is permitted by Section 3.02(a) or 3.02(b) of the plan document NC 401(k) Plan, available at myNCRetirement.com. If such distinctions are made, describe them and how they comply with Section 3.02(a) or 3.02(b) of the plan document:

Law Enforcement Officers

Does the employer employ law enforcement officers for purposes of N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)? Yes No

For each law enforcement officer employed by the employer, the employer shall remit five percent of the officer's salary as required by § 143-166.30(e) (state LEOs) and 143-166.50(e) (local LEOs).

In addition, law enforcement officers, except for Sheriffs, receive the court costs required by N.C.G.S. § 143-166.30(e) and 143-166.50(e). For county employers only, please provide the following:

Name of Sheriff: _____ Last four of SSN: _____

Will law enforcement officers receive the contributions described above in "Matching Contributions" and "Non-matching Contributions" *in addition to* the five percent of an officer's salary and the court costs required by N.C.G.S. §§ 143-166.30(e) or 143-166.50(e)? Yes No

The Employer Contributions Program was adopted by the following board, commission, council, or other governing body of the employer: _____.

Please indicate the date of adoption: _____.

IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR CEASES TO BE COMPLETE AND ACCURATE THE EMPLOYER IS REQUIRED TO SUBMIT A REVISED FORM TO PRUDENTIAL VIA EMAIL AT NCPLANS@PRUDENTIAL.COM.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Employer Contributions Program Form – NC 457 Plan (2 Page Form)

Participating employers in the NC 457 Plan are permitted to make employer contributions to employees' accounts in accordance with applicable law and the plan document for the NC 457 Plan.

Name of Employer: _____

Employer (Subplan) Number: _____

Type of form: New Revised

Ceasing Employer Contributions (Fill in date if applicable)

By providing the date in the following sentence, the employer is electing to cease providing employer contributions as of such date. The current employer contribution program shall cease on the following date:
_____.

Description of Employer Contributions Program

1. Describe the employee(s) or group(s) of employees who are eligible for employer contributions. Include the required employment period (waiting period) before an employee becomes eligible for employer contributions, if any, which may not exceed one year.

2. Describe the contributions that eligible employees will receive. The methods can vary across employees and/or groups of employees. For example, you may choose to allocate a fixed dollar contribution to one group while basing contributions on percentage for another group.

Effective Date of Employer Contribution: _____

The Employer Contributions Program was adopted by the following board, commission, council, or other governing body of the employer: _____.

Please indicate date of adoption: _____.

IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR CEASES TO BE COMPLETE AND ACCURATE THE EMPLOYER IS REQUIRED TO SUBMIT A REVISED FORM TO PRUDENTIAL VIA EMAIL AT NCPLANS@PRUDENTIAL.COM.

I certify that the information on this form is complete and accurate and that I am authorized by the employer to act on behalf of the employer and to provide such information.

Signature: _____

Name (print): _____

Title: _____

Date: _____