



Notification to Eligible Employees for the SIMPLE IRA Plan

WEB

1. Person Entitled to Payment

Date

Name of Plan

Employer Contact

Employee's Name

Employee's Address

City

State

Zip Code

Social Security Number

2. Notice of Eligibility

You are eligible to make Elective Deferrals to the above-named SIMPLE IRA plan ("Plan"). This notice and the attached Summary Description provide you with information that you should consider before you decide whether to start, continue or change your Salary Deferral Agreement.

3. Employer Contribution

For the _____ calendar year, the Employer will make the following contribution to your SIMPLE Retirement Account, provided that you are eligible to receive such contribution (*select one*):

- A Matching Contribution equal to 100% of your Elective Deferrals up to a limit of 3% of your Plan defined Compensation for the calendar year.
- A Matching Contribution equal to 100% of your Elective Deferrals up to _____ % (between 1% and 3%) of your Compensation for the calendar year.
- A contribution equal to 2% of your Compensation for the calendar year. Your Compensation is limited to \$200,000, as indexed for inflation in future

4. Administrative Procedures

If you decide to start or change your Salary Deferral Agreement, you must complete the Salary Deferral Agreement and return by _____ (not less than 60 days after the date this notice is provided).

If you have any additional questions, please direct them to the Employer contact listed below

Employer Signature