

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

Employer Name:				
ORBIT Agency Nu	mber:			
Employer (Subplan) Number:			
Type of form:	New	Revised		
Type of Employer (State agency University County Municipality School system Charter school Community co Other				
Mailing Address: _ City/State/Zip:				
County:				
The information in NC 401(k) Plan NC 457 Plan (Street Mean Plan is days. Tapplies. The employ	this form is pron (525334-01) (525334-02) The waiting the number of eyer is responsib	period before a nedays cannot exceed	ving plan(s): y employee is eligible to participate in the logonian formula of the response is left blank, no we employee deferrals or employer contribution the plan and no earlier.	aiting period
	ou answer yes,	then you must co	ployees? nplete the Employer Contributions Prog Attachment B (NC 457 Plan).	gram Form(s)
	as the contribu	-	contributions from an employer to en N.C.G.S. §§ 143-166.30(e) and 143-	1 "



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 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.



Authorized Representatives

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) and / or NC 457 Plans. 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.

1	
Primary contacts	
<u>Human Resources</u>	<u>Payroll</u>
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Mailing address if different from above:	Mailing address if different from above:
Secondary contacts	
Human Resources	Payroll
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Mailing address if different from above:	Mailing address if different from above:
•	MIT A REVISED FORM TO EMPOWER AT
NCPLANS@EMPOWER.COM. IF ANY OF THE INFORMATION ON THIS FOR CHANGES OR CEASES TO BE COMPLETE AND	ORM (INCLUDING ATTACHMENTS A AND B)
CHANGES OR CEASES TO BE COMPLETE AND	JACCURATE.
I certify that the information on this form (including that I am authorized by the employer to act on behalf	g Attachments A and B) is complete and accurate and f of the employer and to provide such information.
Signature:	
Name (print):	
Title:	_
Dite	





Attachment A – 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 (Select 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:
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."
Non-matching Contributions The employer will contribute the following amount to each eligible employee per pay period: a. \$
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

Important Restriction on Employer Contributions	
An employer's matching and non-matching contremployees on an equal basis as described above, employees or groups of employees is permitted be document NC 401(k) Plan, available at myNCRed describe them and how they comply with Section	unless the distinctions made among y Section 3.02(a) or 3.02(b) of the plan tirement.com. If such distinctions are made,
employer contributions, the following service period (no	ot to exceed one year) applies:
*Note: "Compensation" is defined in Section 1.0 myNCRetirement.com.	8 of the plan document, available at
Law Enforcement Officers Does the employer employ law enforcement officers 143-166.50(e)? Yes No	s for purposes of N.C.G.S. §§ 143-166.30(e) or
For each law enforcement officer employed by the empofficer's salary as required by § 143-166.30(e) (state LH	
In addition, law enforcement officers, except for N.C.G.S. § 143-166.30(e) and 143-166.50(e). For count	
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)?

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

Please indicate date of adoption:

month

The EmpLoyer Is Required to Submit A Revised Form to Empower VIA EMAIL AT NCPLANS@EMPOWER.COM IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR CEASES TO BE COMPLETE AND ACCURATE.

Lecrtify 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.

Name (print):

Date: _____



Attachment B – 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: \square New ☐ Revised Ceasing Employer Contributions (Select 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: <u>Description of Employer Contributions Program</u> 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.



1 2	yer:	e e		en, or other
Please indicate date of adoption:			, 20	
	month	day	year	
NCPLANS@EMPOWER.COCEASES TO BE COMPLET I certify that the information of	JIRED TO SUBMIT A REVIS OM IF ANY OF THE INFOR E AND ACCURATE. on this form is complete and acc yer and to provide such informs	MATION ON THIS curate and that I am au	FORM CHA	ANGES OR
Name(print):	Tit	tle:		
Signature:				
Data				