

INDIVIDUAL 401(k) & ROTH INDIVIDUAL 401(k) APPLICATION



COMPLETE YOUR E*TRADE APPLICATION IN THREE EASY STEPS

The Individual 401(k) Application you requested begins on the following page.

To complete your application, simply:

1. SCROLL DOWN AND FILL OUT EACH FIELD BY TYPING IN THE APPROPRIATE INFORMATION.

If you would like to complete the application by hand, skip this step and move on to Step 2.

- 2. ONCE YOU HAVE PROVIDED THE REQUESTED INFORMATION, REVIEW YOUR APPLICATION TO ENSURE IT IS COMPLETE AND PRINT IT BY CLICKING THE 😝 BUTTON ON THE TOP TOOLBAR.
- 3. SIGN AND DATE YOUR APPLICATION, AND MAIL IT TO THE APPROPRIATE ADDRESS:

By overnight mail: E*TRADE Securities LLC Harborside Financial Center

501 Plaza 2

34 Exchange Place

Jersey City, NJ 07311 General Fax Number: 1-866-650-0003

Jersey City, NJ 07303-0484

E*TRADE Securities LLC

By regular mail:

P.O. Box 484

General Fax Number: 1-866-650-0003 From Outside the US: +1-678-624-6950

General Fax Number: 1-866-650-0003 From Outside the US: +1-678-624-6950

• Need Help? Call 1-888-402-0654 to speak with a Retirement Specialist from 7AM to 12AM EST, 7 days a week.

Note: Please include a <u>Fax Cover Sheet</u> when submitting documents by facsimile. Notarized documents and other forms for which original document is needed cannot be submitted by facsimile.

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INDIVIDUAL 401(k) & ROTH INDIVIDUAL 401(k) APPLICATION

If you are self-employed or a small business owner with no employees other than your spouse, you are eligible to open Individual 401(k) and Roth Individual 401(k)* accounts.

Reminder: The deadline for opening your Individual 401(k) and/or Roth Individual 401(k) accounts for the current year is December 31.

TO OPEN AN INDIVIDUAL 401(k) ONLY:

FORMS NEEDED

- 1. Qualified Retirement Plan Application with Account Type "Individual 401(k)" checked in Section 1
- 2. Designation of Beneficiary form
- 3. 401(k) Plan Adoption Agreement
- 4. Optional Form:
 - · Designation of Successor Plan Administrator/Trustee Form

TO OPEN BOTH AN INDIVIDUAL 401(K) AND A ROTH INDIVIDUAL 401(k)*:

FORMS NEEDED TO OPEN INDIVIDUAL 401(k)

- 1. Qualified Retirement Plan Application with Account Type "Individual 401(k)" checked in Section 1
- 2. Designation of Beneficiary form
- 3. 401(k) Plan Adoption Agreement
- 4. Optional Form:
 - Designation of Successor Plan Administrator/Trustee Form

FORMS NEEDED TO OPEN ROTH INDIVIDUAL 401(k)*

- 1. Qualified Retirement Plan Application with Account Type "Roth Individual 401(k)" checked in Section 1
- 2. Designation of Beneficiary form
- 3. 401(k) Plan Adoption Agreement, including:
 - The In-Plan Roth Rollover Adoption Agreement Amendment completed if you want to allow a taxable movement of funds from an Individual 401(k) to a Roth Individual 401(k)

TO OPEN A ROTH INDIVIDUAL 401(k)* WHEN YOU HAVE AN EXISTING INDIVIDUAL 401(k):

FORMS NEEDED

- Qualified Retirement Plan Application with Account Type "Roth Individual 401(k)" checked in Section 1
 - Please provide your existing E*TRADE Securities Individual 401(k) account number next to Account Type in Section 1
- 2. Designation of Beneficiary form
- 3. 401(k) Plan Adoption Agreement, including:
 - The In-Plan Roth Rollover Adoption Agreement Amendment completed if you want to allow a taxable movement of funds from an Individual 401(k) to a Roth Individual 401(k)

*Due to IRS regulations, an Individual 401(k) account must be established prior to opening a Roth Individual 401(k). You may submit applications for both accounts at the same time.



INDIVIDUAL 401(k) & ROTH INDIVIDUAL 401(k) APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

1. ACCOUNT INFORMATION					
Name of Adopting Employer			Employer Tax ID Numb	per	
Business Street Address			Account Type (select o	· · · _	
2. ENTER YOUR PARTICIPAN	T INFORMATION (PLEASE PRIN	NT)			
SECURITIES INDUSTRY REGU	ILATIONS REQUIRE THAT WE (COLLECT ALL OF	THE FOLLOWII	NG INFORMATION.	
Mr. Mrs. Name (first, middle initi	ial, last)	Jr Sr.	Esq. Other		
Home Street Address (cannot be a P.O. box)		City, State, ZIP			
Mailing Address (if different from above; P.O. box	x may be used)	City, State, ZIP			
	,				
Country Code Home Phone	Country Code Business Phone	E-mail Address (requir	red for account updates)		
Date of Birth (mm/dd/yyyy) Social Security	Number	Employer		Specific Occupation	
Employment Status Employed Self - employed*	Retired Student Not Employed	Line of Business* (required for self-employed persons)			
Business Street Address		City, State, ZIP	City, State, ZIP		
Marital Status Single Married Divorced	l Widowed	Number of Dependents (Including self) 1 2 3 4 Other:			
Are you employed by a registered broker-dealer	er, a securities exchange, or FINRA? a compliance letter with this application)	Are you an officer, director, 10% shareholder, or policymaker of a publicly held company? No Yes (specify companies)			
Yes (if yes, you must submit a	a compliance letter with this application)	Tes (specify companies)			
	DENT, PLEASE PROVIDE THE				
Passport Number	Passport Country of Issuance	Country of Legal Resid	lence (please attach Forr	m W-8BEN)	
NOTE: If you are a non-U.S. resident, please	attach a photocopy of your passport or governm	nent-issued identification. V	We cannot open your acc	ount without this documentation.	
IF YOU ARE <i>NOT</i> A U.S. CITIZ	EN, PLEASE PROVIDE THE FO	DLLOWING INFO	RMATION.		
Country of Citizenship					
IF YOU HAVE BEEN AT YOUR ADDRESS.	CURRENT ADDRESS FOR LE	SS THAN SIX MO	ONTHS, PLEASE	PROVIDE YOUR PREVIOUS	
Street Address		City, State, ZIP			

3. CREATE YOUR INVESTMENT PROFILE

SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION.					
Overall Investment Objective for This Account (choose only one)	Investment Experience	Annual Income	Approximate Net Worth (excluding primary residence)	Approximate Liquid Net Worth (cash, stocks, etc.)	
Capital preservation Minimize the potential for any loss of principal. Income Provide current income rather than growth of principal. Growth Increase investment value over time while accepting price fluctuations. Speculation Assume the highest degree of risk for potentially higher returns.	None Limited Good Excellent	\$0 -\$14,999 \$15,000 -\$24,999 \$25,000 -\$49,999 \$50,000 -\$99,999 \$100,000 -\$199,999 \$200,000+	\$0 -\$24,999 \$25,000 -\$49,999 \$50,000 -\$99,999 \$100,000 -\$499,999 \$500,000 -\$999,999 \$1,000,000+	\$0 -\$14,999 \$15,000 -\$24,999 \$25,000 -\$49,999 \$50,000 -\$99,999 \$100,000 -\$199,999 \$200,000 -\$499,999 \$500,000 -\$999,999 \$1,000,000+	
How often do you trade?	Does anyone other the	nan the participant hav	e trading authorization	over the account?	
0-3 trades per month 4-9 trades per month 10+ trades per month		the Power of Attorney form to add an ebsite under `Form and Applications.	n individual as having trading authority .'	:	

4. SELECT YOUR ACCOUNT OPTIONS

_	Income	,				~ .	+
⊢arn	Income	On '	YOUR	uninv	PSTPU	Casr	าเ

Select only one of the following choices for the cash balance in your account. You may change your selection at any time. For current rates and other information, go to www.etrade.com/rates.

- E*TRADE Financial Extended Insurance Retirement Sweep Deposit Account (Offers daily interest and FDIC insurance up to \$500,000.)††
 - JP Morgan Liquid Asset Money Market Fund ETRADE Class Shares*
- JPMorgan Liquid Assets Money Market Fund Morgan Class (Limited Availability) †††*

T You have the option to have cash balances in your securities account automatically transferred to either a money market mutual fund product or an account at a bank whose deposits are insured by the FDIC (collectively, "Sweep Program"). For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. By signing this application, you are providing your written affirmative consent to have your cash balance included in the Sweep Program with the option selected by you. You also acknowledge that if no option is chosen, you will be deemed to have selected the E*TRADE Financial Extended Insurance Retirement Sweep Deposit Account.

†† If you choose the E*TRADE Financial Extended Insurance Retirement Sweep Deposit Account ("ERDA"), we will provide you a copy of the ERDA Account Agreement and ERDA Account Rate and Fee Schedule, which can also be found at www.etrade.com/sdaisdaerdasweepmaxagreement and www.etrade.com/sdaisdaerdasweepmaxagreement a

ERDA is a cash sweep option for E*TRADE Securities retirement brokerage accounts. When the ERDA is designated as the sweep option for your retirement brokerage account, the first \$250,000 in available cash balance in your retirement brokerage account are automatically deposited into your ERDA at E*TRADE Bank and insured by the FDIC. Up to the next \$250,000 in available cash balance is deposited into a similar ERDA at E*TRADE Savings Bank and insured by the FDIC, resulting in total FDIC insurance coverage for cash in your ERDA account of up to \$500,000. Any amount in excess of \$500,000 will not be covered by FDIC insurance. You also should include other retirement accounts you hold in the same title and capacity at E*TRADE Bank and/or E*TRADE Savings Bank in calculating FDIC insurance coverage limits, because coverage limits are set per customer. For more information regarding FDIC insurance coverage limits, please visit www.fdic.gov.

††† This sweep option is only available to the following persons: (i) customers with \$10 million or more in E*TRADE Securities brokerage accounts; (ii) clients of investment advisers that have aggregate discretionary assets of \$10 million or more in E*TRADE Securities brokerage accounts; and (iii) advisory clients of affiliated investment advisers. Qualified customers should call us at 1-800-ETRADE-1 upon account opening to sign up for this option.

*If you choose a money market fund, we will provide you the fund prospectus. You can also see a prospectus online at www.etrade.com/prospectus. E*TRADE Securities LLC receives compensation in connection with the purchase and holding of mutual fund shares by its customers. For more information regarding these payments, please go to www.etrade.com/prospectus.

Receive Your Account Documents Online

For your convenience, account documents such as monthly statements and trade confirmations will be delivered to you electronically via a secure online file cabinet instead of by U.S. mail. We will notify you at the primary authorized person's e-mail address provided in section 2 whenever a new document is available. This feature is provided automatically, unless declined below.

I would prefer to receive the following items by U.S. mail:

	Monthly statements
Г	Trade confirmations

Prospectuses

Corporate reports, proxies, and reorganization notices

Tax documents will be sent to you by U.S. mail unless you electronically consent to receiving them electronically. Please go to www.etrade.com/edocs if you would like to receive your tax documents electronically.

You must provide us with your e-mail address in section 2 to receive electronic account documents.

You may change your delivery preferences at any time. With respect to documents you elect to receive electronically, you agree to all the terms governing Electronic Delivery of Documents of the E*TRADE Securities Customer Agreement at www.etrade.com/custagree.

5. PLEASE SIGN TO APPLY FOR YOUR QUALIFIED RETIREMENT PLAN WITH E*TRADE SECURITIES

I am of legal age to enter into this contract. I acknowledge that I have received, read, and agree to be bound by the terms and conditions as currently set forth in the E*TRADE Securities Customer Agreement and as amended from time to time. The E*TRADE Securities Customer Agreement is available online at www.etrade.com/custagree or by calling 1-800-387-2331. I ACKNOWLEDGE THAT E*TRADE SECURITIES DOES NOT PROVIDE INVESTMENT, TAX, OR LEGAL ADVICE. I understand that you will supply my name to issuers of any securities held in this account so that I might receive any important information regarding them, unless I notify you in writing not to do so.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below), and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. **Certification Instructions**

I am not a U.S. individual and have attached Form(s) W-8BEN to this application to claim foreign status or treaty benefits.
I have also included a copy of my passport or government issued ID.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE SECURITIES CUSTOMER AGREEMENT which contains a pre-dispute Arbitration Agreement at Section 8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X			
	Signature of Participant	Date	Printed Name

6. OPTIONS TRADING APPLICATION AND AGREEMENT

YOU WILL BE CONSIDERED FOR LEVEL 1 ONLY (WRITE COVERED CALLS). THIS IS A CAPITAL PRESERVATION / INCOME STRATEGY

THIS APPLICATION IS OPTIONAL: Complete this form only if you would like to apply to add options trading capability to this account. Visit www.etrade.com/options to learn more about the risks and rewards of options trading.

Marital Status	Number of Dependents (Including Self)	Options Investment Knowledge and Experience	Options Trading Experience	Years of Trading Experience	Average Transaction Size
Single Married Divorced Partnered Widowed	1 2 3 4 Other	None Limited Good Excellent	None Covered Call Writing Covered Puts Purchases Spreads Uncovered Puts	Stocks yrs Bonds yrs Options yrs Futures yrs	\$0 -\$9,999 \$10,000 -\$24,999 \$25,000+
Total Transactions Per Year					
	10-14 15-24 25-7 10-14 15-24 25-7		Options 0-9 10-14 Futures 0-9 10-14		75+ 75+

6. OPTIONS TRADING APPLICATION AND AGREEMENT (CONTINUED)

Read and sign below if you are applying to trade options. Important: You must also sign in section 5 before we can open your account. You cannot use this application to upgrade an existing account. If you would like to add options trading capability to an existing account, please use the Margin/Option Account Upgrade Form, which can be found at www.etrade.com/forms.

I agree not to enter into any options transactions until I have received, read and understood the disclosure document entitled Characteristics and Risks of Standardized Options, which can be found at www.etrade.com/optionsagree. We will also mail you this document. I am aware of the special risks and obligations of options trading. I have read, understood, and agree to be bound by the options trading terms and conditions outlined in the E*TRADE Securities Customer Agreement, which can be found at www.etrade.com/custagree. I also agree that I am bound by it as it is currently in effect and as it is amended from time to time.

×		
Signature of Participant	Date	
For E*TRADE Securities Only		
I have received this application and believe the account is suitable for:	Approval	Date
☐ Cash ☐ Option Level-One	Approval	Date

System response and account access times may vary due to a variety of factors, including trading volumes, market conditions and system performance.

The E*TRADE Financial family of companies provides financial services including trading, investing and related banking products and services to retail investors. E*TRADE Securities accounts are carried by E*TRADE Clearing LLC, Member FINRA/SIPC. Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. E*TRADE Securities and E*TRADE Clearing and are separate but affiliated companies.

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DESIGNATION OF BENEFICIARY for QUALIFIED RETIREMENT PLAN (QRP)

1. GENERAL INFORM	MATION					
Name of Plan			Name of Emplo	oyer		
Employer Address			City, State/Province, Zip/Postal Code, Country			
Name of Participant (first, middle, last)			Country Code Employer Phone			
Country Code Home Phone			Date of Birth (l mm/dd/yyyy)	Social Security Number	
Address			City, State/Prov	vince, Zip/Posta	Code, Country	
2. CURRENT MARITA						
I AM NOT MARRIE		and that if I become married in a new Designation of Benefici				
∏I AM MARRIED	3 below.	and that my spouse will be my However, I understand I may o elow if my spouse signs the sec	designate a	Primary Be	neficiary other than my sp	
3. DESIGNATION OF						
If neither is checked, to me, his or her interest	he individual and the intere increased o	ny beneficiary(ies). Please che will be deemed to be a primary est of his or her heirs shall term n a pro rata basis. If no primary plan balance.	<i>beneficiar</i> y inate compl	v. If any prin letely, and t	nary or contingent benefici he percentage share of an	ary dies before ny remaining
	u wish to des	nust add up to 100% per benefi ignate more than three primary v.				
TYPE OF BENEFICIARY	SHARE %*	NAME		BIRTH DA	ATE SSN/TIN (optional)	RELATIONSHIP
Primary Contingent	%					
Primary Contingent	%					
Primary Contingent	%					
Primary Contingent	%					
4. CONSENT OF SPO	OUSE (IF AN	Y NON-SPOUSE BENEFICIAR	Y IS NAME	D AS PRIM	IARY BENEFICIARY)	
I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving all or a portion of any rights I may have to receive benefits under the plan when my spouse dies.						
I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or properties deposited in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by E*TRADE Securities LLC.						
x						
Signature of QRP Participant	's Spouse (Must be	e notarized - Section 6) Date	Printed Nan	ne of QRP Partic	cipant's Spouse	

5. WAIVER ELECTION (APPLICABLE TO	MONEY PURCHA	SE PLANS ONLY)
Retirement Survivor Annuities below. I unde spouse in the form of a Qualified Pre-Retirer elect to waive the requirement that my surviv	alified retirement plar rstand that when I di nent Survivor Annuit ing spouse be paid a	etirement Survivor Annuity) n, I acknowledge that I have read the information about Qualified Preie, any amount remaining in my plan account will be paid to my surviving by. I understand that I have a right to waive that form of payment. I hereby any benefits that I may have in the plan at the time of my death in the form agree that this waiver is valid only if my spouse has consented by reading
×		
Signature of QRP Participant	Date	Printed Name of QRP Participant
	have benefits rema	tirement Survivor Annuity) aining in his or her plan paid in the form of a Qualified Pre-Retirement cannot be revoked unless my spouse revokes the above waiver.
Signature of QRP Participant's Spouse (Must be notarized	- Section 6) Date	Printed Name of QRP Participant's Spouse
C NOTARY WITNESS TO SPOUSAL CON	ICENT /ADDLIES T	TO FITHER M or \$1.00 DOTH CONCENTS (4 and \$1.400VE)
	ISENT (APPLIES T	O EITHER [4 or 5] OR BOTH CONSENTS [4 and 5] ABOVE)
6. NOTARY WITNESS TO SPOUSAL CON Subscribed and sworn to before me	ISENT (APPLIES T	O EITHER [4 or 5] OR BOTH CONSENTS [4 and 5] ABOVE) Affix Seal Here
	SENT (APPLIES T	
Subscribed and sworn to before me This day of	·	Affix Seal Here
Subscribed and sworn to before me This day of	·	
Subscribed and sworn to before me This day of	, 20	Affix Seal Here Printed Name of Notary Public
Subscribed and sworn to before me This day of X Signature of Notary Public 7. SIGNATURE AUTHORIZING DESIGNA	, 20	Affix Seal Here Printed Name of Notary Public
Subscribed and sworn to before me This day of X Signature of Notary Public	, 20	Affix Seal Here Printed Name of Notary Public

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INSTRUCTIONS FOR SECTION 5: WAIVER ELECTION FOR QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITIES

Employee: If you have a Money Purchase Plan and wish to waive the requirements for the Qualified Pre-Retirement Survivor Annuity, the Waiver Election section must be completed by you. If you are married, your spouse must also provide their consent.

Employer: This Waiver Election is applicable to Money Purchase Plans. It does not apply to Profit Sharing Plans and 401(k) Plans, since these plans include an REA Safe Harbor provision. As such, no existing plan assets are subject to the REA annuity requirements.

IMPORTANT INFORMATION ABOUT QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITIES

If you are a married participant in your employer's qualified retirement plan, the law requires that any amount remaining in your plan account be paid to your surviving spouse in a certain manner at your death. This manner of payment, called a "Qualified Pre-Retirement Survivor Annuity," will provide your spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your plan account. For example, assume that a participant dies with an account balance of \$10,000. If the balance is paid to the surviving spouse in the form of a Qualified Pre-Retirement Survivor Annuity, the annuity will provide the spouse with monthly payments of \$76.60. (This payment amount is an estimate based on the Individual Annuity Mortality Tables - 71 using a 5% interest rate with payments commencing at age 65.) You may elect to waive the following: 1. The requirement that your surviving spouse be paid in the form of a Qualified Pre-Retirement Survivor Annuity, and 2. The requirement that your spouse be your beneficiary (only if applicable). You may make either or both of the above elections beginning with the first day after which you become a participant in the plan. Any waiver election you sign before age 35 will become invalid the first day of the plan year in which you attain age 35. At that time you may again waive the Qualified Pre-Retirement Survivor Annuity and the requirement that your spouse be your beneficiary.

Your spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time before your death. Your spouse must also consent to any subsequent changes of beneficiary. If your vested account balance is \$5,000 or less at the time of your death, the plan administrator may make a distribution to your surviving spouse in a single sum cash payment even if you did not waive the Qualified Pre-Retirement Survivor Annuity. Because a spouse has certain rights under the law, you should inform your plan administrator immediately of any changes in your marital status. A change in your marital status may require you to complete a new Designation of Beneficiary form. For more information regarding Pre-Retirement Survivor Annuities, contact your plan administrator (employer).



INSTRUCTIONS FOR COMPLETING ADOPTION AGREEMENT

Super Simplified Standardized Individual 401(k) Profit Sharing Plan

These instructions are designed to help you, the Employer, along with your attorney, and tax advisor, complete the Adoption Agreement for your qualified retirement plan. The instructions are to be used only as a general guide and are not intended as a substitute for qualified legal and tax advisors. E*TRADE FINANCIAL Corp. and its affiliates do not provide tax advice, and nothing in this section should be construed as tax advice. Before acting on any such information, consult your own accountant or tax advisor. The words and phrases that are capitalized are defined terms that may be found in the Basic Plan Document.

EMPLOYER INFORMATION

Fill in the requested information. The "Adopting Employer's Federal Tax Identification Number" is the tax identification number assigned to your business. If your business does not have a Federal Tax Identification Number, complete and file an Internal Revenue Service (IRS) Form SS-4 to obtain a number. The IRS Form SS-4 can be obtained from an IRS office or from your tax advisor. If you have already filed a Form SS-4, print "Applied for" on the "Adopting Employer's Federal Tax Identification Number" line. After you receive a tax identification number, please contact us with the updated information.

The "Plan Sequence Number" is used for annual reporting to the IRS. It is a three digit number assigned by you and is used by the IRS to identify your Plan. For example, if this is the second Plan you maintain or have maintained, the Plan Sequence Number would be 002 and so on.

1. EFFECTIVE DATES

This Individual 401(K) plan is either a new Plan (an initial adoption) or a restatement of an existing qualified retirement plan.

Part A. New Plan Effective Date

If this is a new Individual 401(K) plan, fill in the New Plan Effective Date. The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed and may not be earlier than such date. For example, if an Employer maintains a Plan on a calendar year basis and this Adoption Agreement is signed on March 24, 2015, the Effective Date would be January 1, 2015.

Part B. Existing Plan Amendment or Restatement Date

If the reason you are adopting this Plan is to amend and replace an existing qualified plan or if you are restating your plan for PPA, then you will need to complete this section. The existing qualified plan to be replaced is called an "Initial Plan." You will need to know the Effective Date of the Initial Plan. The restatement Effective Date is generally the first day of the Plan Year in which this Adoption Agreement is signed.

If the plan you are adopting is a Frozen Plan indicate the effective date the plan was frozen on.

2. ELIGIBILITY

Part A. Age and Years of Eligibility Service Requirement

Age Requirement — Fill in the age an Employee must attain (no more than 21) to be eligible to receive Employer Individual 401(k) Profit Sharing Contributions.

Eligibility Service Requirement — Choose the appropriate Service requirement that an Employee must complete to be eligible to receive Employer Profit Sharing Contributions.

Part B. Employees Employed As of a Specified Date

Indicate whether or not you will allow an Employee employed as of a Specified Date listed in this section, who has not otherwise met the requirements of Part A above, to be considered to have met those requirements as of the Effective Date.

3. CONTRIBUTIONS

Part A. Elective Deferrals

Indicate whether or not you will permit Employees to make Elective Deferrals. If your plan allows Elective Deferrals, indicate whether or not Elective Deferrals can be designated as Roth Contributions (after-tax) in addition to Pre-Tax Elective Deferrals.

4. VESTING AND FORFEITURES

There are no elections required for Section 4. Refer to the Basic Plan Document for information regarding this Section.

5. DISTRIBUTIONS AND LOANS

Loans

Check whether or not you will allow loans from the Plan to Participants.

6. **DEFINITIONS**

There are no elections required for Section 6. Refer to the Basic Plan Document for information regarding this Section.

7. MISCELLANEOUS

Life Insurance

Specify whether or not life insurance investments will be permitted under the Plan.

8. TRUSTEE AND CUSTODIAN

Part A. Trustee

If an individual (e.g., the Employer, partners, or an appointed individual) will be acting as Individual Trustee(s), complete the remainder of Part A.

Part B. Custodian

This section has been pre-filled with E*TRADE Clearing LLC as Custodian.

9. EMPLOYER SIGNATURE

Once you have completed and approved the Adoption Agreement, you, the Employer or one of your authorized representatives, must sign and date it and then retain it for your records.

It is your responsibility to coordinate the effective date of your plan with your signature date, and the operational implementation of the plan and/or its provisions to ensure that your plan is operated in compliance with all federal retirement law and other regulatory requirements. Consult with your tax or legal advisor regarding the date by which you must sign your plan documents.

Check the first box if you have attached Attachment A, Protected Benefits and Prior Plan Provisions. Select the second box if there are other attachment(s) and provide a description.

Use the Designation of Successor Plan Administrator/Trustee form to designate the individual who will become the plan administrator/trustee of the Plan upon your death for purposes of plan termination and liquidation.

ATTACHMENT A: PROTECTED BENEFITS AND PRIOR PLAN PROVISIONS

Generally, Code Section 411(d)(6)provides that the accrued benefit of a participant may not be decreased by an amendment to the plan. Section 411(d)(6)(B) provides that a plan amendment that has the effect of eliminating or reducing an early retirement benefit or a retirement type subsidy, or eliminating an optional form of benefit is treated as impermissibly reducing accrued benefits. If this Plan document is being adopted to amend another plan that contains a protected benefit not provided for in this document, you must complete Attachment A, "Protected Benefit and Prior Plan Provisions," describing such protected benefit which shall become part of the Plan. Consult your attorney and/or tax advisor for further information.



SUPER SIMPLIFIED INDIVIDUAL 401(K) PROFIT SHARING PLAN

Standardized Adoption Agreement

EMPLOYER INFORMATION	
ind (specify month and day)	
Sole Proprietorship Partnership C Corpor	ation S Corporation LLC
Other (Specify a legal entity recognized under feder	
	,
Trust Identification Number (if applicable)	
n)), a group of commonly controlled trades or businesses affiliated service group (as defined in Code section 414(nuggregated with the Adopting Employer pursuant to Code	s (as defined in Code section 414(c) as modified n)) of which the Adopting Employer is a part, or
SECTION ONE: EFFECTIVE DATES Complete Part A or B	
signed or the Effective Date.) c option is selected, Option 1 will apply. tive Date is usually the first day of the Plan Year in which uch date. Elective Deferrals, however, cannot be made as ned or the date specified above for Elective Deferrals. nendment or Restatement Date	be on or after January 1, 2007.) Inder this Plan effective (select one): Ilater of the date this Adoption Agreement is Iter of the date this Adoption Agreement is Ithis Adoption Agreement is signed and may not vailable before the later of the date this Adoption Independent of the date this Adoption of the Plan with respect to Compensation earned additional contributions (e.g., rollover, transfer) Independent of the later of the date this Adoption of the Plan with respect to Compensation earned additional contributions (e.g., rollover, transfer) Independent of the later o

benefits, violating Code section 411(d)(6). Notwithstanding the foregoing, Effective Dates for certain items (e.g., PPA and other legislative and regulatory guidance) are governed by the terms specified in the Basic Plan Document.

SECTION TWO: ELIGIBILITY

Complete Parts A and B

Part A. Age and Eligibility Service

	1.	Age Requirement . An Employee will be eligible to become a Participant in the Plan for purposes of becoming a Contributing Participant (and thus eligible to make Elective Deferrals) or receiving an allocation of any Employer Profit Sharing Contributions, as applicable, made pursuant to Section Three of the Adoption Agreement, after attaining the following age (not more than 21).
		NOTE: If no age is specified, there will be no age requirement.
	2.	Eligibility Service Requirement. An Employee will be eligible to become a Participant in the Plan for purposes of becoming a Contributing Participant (and thus eligible to make Elective Deferrals) or receiving an allocation of any Employer Profit Sharing Contributions, as applicable, made pursuant to Section Three of the Adoption Agreement (select one).
		Option 1: No eligibility service required.
		Option 2: After completing consecutive Months of Eligibility Service (not more than 12) beginning on the Employee's date of hire.
		Option 3: After completing Years of Eligibility Service (enter 0 or 1).
		NOTE: If no option is selected, Option 1 will apply.
Part B.	Em	ployees Employed as of a Specified Date
	req of b	an Employee listed below (other than an Employee who is part of an excluded class of Employees) and employed on (specify a month, day, and year) who has not otherwise met the age and eligibility service uirements be considered to have met those requirements and be eligible to become a Participant in the Plan for purposes becoming a Contributing Participant (and thus eligible to make Elective Deferrals) or receiving an allocation of any Employer fit Sharing Contributions, as applicable, made pursuant to Section Three of the Adoption Agreement (select one)?
	Op	tio 1: Yes. Employees subject to the waiver (define classifications and prior employers):
	Op	tion 2: Not applicable.
	elig the add	TE : If no option is selected, Option 2 will apply. If Option 1 is selected but no date is specified, no additional age and ibility service waivers will apply. If Option 1 is selected but no Employees are specified, all Employees employed on specified date will be subject to the waiver. This age and eligibility service waiver may be used either when this Plan is opted or when the Plan is subsequently amended (e.g., to add one or more types of contributions, to add a previously luded group of Employees).
		SECTION THREE: CONTRIBUTIONS Complete Part A
Part A.	Fle	ctive Deferrals
		thorization of Elective Deferrals
		Elective Deferrals be permitted under this Plan (select one)?
		tion 1: Yes. (Complete the following.)
	- 1	Will Roth Elective Deferrals be permitted under this Plan in addition to Pre-Tax Elective Deferrals? Suboption (a): Yes.
		Suboption (b): No. NOTE: If no suboption is selected, Suboption (a) will apply.
	Op	tion 2: No.
	NO	TE : If no option is selected, Option 1 will apply. A Contributing Participant's combined Pre-Tax and Roth Elective Deferrals ing their taxable year will not exceed the limit contained in Code section 402(g) in effect at the beginning of such taxable year.
Part B.	Em	ployer Profit Sharing Contributions
		ployer Profit Sharing Contributions, if any, will be allocated to all Qualifying Participants pursuant to the pro rata

allocation formula described in Plan Section 3.04(B)(1).

SECTION FOUR: VESTING AND FORFEITURES

There are no elections required for Section Four.

There are no elections required for Section 4. Refer to the Basic Plan Document for information regarding this Section.

	SECTION FIVE: DISTRIBUTIONS AND LOANS			
Loans Will a Participant be entitle Option 1: Yes. Option 2: No. NOTE: If no option is sele	ed to request a loan pursuant to Plan Section 5.16 (select one)? cted, Option 2 will apply.			
	SECTION SIX: DEFINITIONS There are no elections required for Section Six.			
There are no elections re	equired for Section 4. Refer to the Basic Plan Document for information regarding this Section.			
	SECTION SEVEN: MISCELLANEOUS			
Life Insurance Will life insurance investm Option 1: Yes. Option 2: No. NOTE: If no option is sele	ents be permitted under the Plan (select one)? cted, Option 2 will apply.			
	SECTION EIGHT: TRUSTEE AND CUSTODIAN Complete Parts A and B (as applicable)			
a. Truste	ppointment ee (Select one.) 1: Financial Organization as Trustee.			
•	n 2: Individual Trustee.			
Ορτιοι	Not applicable, a Trustee is not required to be named for this Plan (select one). Suboption (a): Plan assets are invested solely in annuity contracts or insurance policies provided by an Insurer. Name of Insurer			
	Suboption (b): This Plan is exempt from the trust requirements under ERISA section 403 (e.g., the Plan covers one or more self-employed individuals as defined in Code section 401(c)(1)).			
Will the Option Option	NOTE: If Suboption (b) is selected, a Custodian must be named in Part B below. of Trustee e Trustee of this Plan be a Directed or Discretionary Trustee (select one)? n 1: Directed Trustee. n 2: Discretionary Trustee.			
Option 3: Not applicable, Option 3 was selected in Part 1(a) above.				

	Name of Trustee			
	Address			
	Telephone			
	Name Title			
	(type or print name if different from name of Trustee above)			
	Signature			
2.	Trust Agreement			
	If a Trustee is designated in Part A, item 1 above, which trust agreement will apply to the Plan (select one)?			
	Option 1: Trust provisions contained in Plan Section Eight.			
	Option 2: Separate executed trust agreement attached hereto.			
	NOTE: If no option is selected, Option 1 will apply. If Option 2 is selected, the attached trust agreement must be on file with the IRS for use by the Prototype Document Sponsor listed in Section Nine below. If Option 2 is selected and a Limited Trustee is named below, the separate trust agreement will not replace Plan Section 8.09.			
3.	Limited Trustee			
	The Limited Trustee appointed solely for the purposes of ensuring the timely collection and deposit of Employer Contributions will be:			
	Option 1: The individual Trustee named above.			
	Option 2: The party named below.			
	Name of Limited Trustee			
	(type or print name if different from name of Limited Trustee above)			
	Olam at the			
	Signature			
	ITE: A Trustee, including a Limited Trustee, must be an individual or corporation. A corporate Trustee must be a bank, st company, broker, dealer, or clearing agency as defined in Labor Regulation section 2550.403(a)-1(b).			
ЭХ	stodian (Both a Custodian and Trustee may be appointed for the Plan. This Part B must be completed if the Plan is empt from the Trustee requirements under ERISA section 403 and neither a Trustee nor an Insurer is appointed in rt A, item 1 above.)			
١.	Custodian Appointment			
	Financial Organization E*TRADE Clearing LLC			
	Address P.O. Box 484; Jersey City, NJ 07303-0484			
	Name (type or print) Title			
	Signature			
	Custodial Agreement			
,				
2.				
2.	If a Custodian is designated in Part B, item 1 above, which custodial agreement will apply to the Plan (select one)? Option 1: Custodial provisions contained in Plan Section Eight.			

Part B.

SECTION NINE: EMPLOYER SIGNATURE

Prototype Document Sponsor			
Name of Prototype Document Sponsor E*TRADE Clearing LLC			
Address P.O. Box 484; Jersey City, NJ 07303-0484			
Telephone 1-800-387-2331			
Check the applicable box if there is an attachment(s) that applies to this Plan other than a separate trust or custodial agreement.			
Protected Benefits and Prior Plan Document Provisions Attachment.			
Other Plan Information Attachment. (If this box is checked, please describe the attachment(s).)			
Authorized Employer Signature			
I am an authorized representative of the Adopting Employer named above and I state the following:			
1. I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the			
legal tax implications of adopting this Plan; . I understand that my failure to properly complete this Adoption Agreement may result in disqualification of the Plan;			
I understand that the Prototype Document Sponsor will inform me of any amendments made to the Plan and will notify me should it discontinue or abandon the Plan; and			
 I have received a copy of this Adoption Agreement, the corresponding Basic Plan Document and, if applicable, any separate trust or custodial agreement used in lieu of the trust or custodial agreement contained in the Basic Plan Document. 			
Signature of Adopting Employer Date Signed			
Type Name Title			

NOTE: The Adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Code section 401 except to the extent provided in Revenue Procedure 2011-49. An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in Code section 419(e), which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Code section 419A(d)(3), or an individual medical account, as defined in Code section 415(l)(2) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Code sections 415 and 416.

If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Code sections 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service. The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Revenue Procedure 2011-49. This Adoption Agreement may be used only in conjunction with Basic Plan Document #03.

PROTECTED BENEFITS AND PRIOR PLAN DOCUMENT PROVISIONS ATTACHMENT

This attachment may be used by an Adopting Employer to document protected benefits and other Prior Plan Document provisions that apply to some or all of the assets of the Adopting Employer's Plan.

	ADOPTING EMPLOYER PLAN INFORM	ATION
	r	
	Trust Identification Number (if applicable)	Account Number
	PROTECTED BENEFITS AND PRIOR PLAN DOCUM	IENT PROVISIONS
Provision 1:		
Source of Provision (e.g., plane)	an name and sequence number, good faith amendment):	
Provision 2:		
Source of Provision (e.g., plane)	an name and sequence number, good faith amendment):	
Provision 3:		
Source of Provision (e.g., pla	an name and sequence number, good faith amendment):	

OTHER PLAN INFORMATION ATTACHMENT

This attachment may be used by the Plan to specify additional information to be included in the Plan's Adoption Agreement (e.g., to provide more information than can be included on an "other" selection line).

ADOPTING EMPLOYER PLAN INFORMATION	
Name of Adopting Employer	
Name of Plan	
Plan Sequence Number Trust Identification Number (if applicable) Accoun	t Number
OTHER PLAN INFORMATION	

In-Plan Roth Rollover Adoption Agreement Amendment

This amendment of the Plan (hereinafter referred to as "the Amendment") is comprised of this In-Plan Roth Rollover Adoption Agreement Amendment (the "Adoption Agreement Amendment") and the corresponding Basic Plan Document Amendment. The Amendment is adopted to reflect the in-plan Roth rollover provisions of the Small Business Jobs Act of 2010 ("SBJA") and the American Taxpayer Relief Act of 2012 ("ATRA"). The Amendment is intended to provide good faith compliance with SBJA, ATRA and related guidance until the Plan is formally restated to incorporate such guidance. The Amendment is effective as specified in this Adoption Agreement Amendment. The Amendment supersedes the existing provisions of the Plan to the extent that those provisions are inconsistent with the provisions of the Amendment. The Amendment will not cause the Plan to become an individually designed plan.

		EMPLOYER INFO	RMATION	
Name o	of Plan			
Plan Se	equence Number	Trust Identific	ication Number (if applicable)	
Accoun	t Number	Effective Date		
		CONTRIBUTI Complete Parts		
Part A.	In-Plan Roth Rollover			
	Option 1: Yes. Option 2: No. NOTE: Option 1 may only be		itled to request In-Plan Roth Rollovers (select one)? Intribution of Roth Elective Deferrals. If no option is selected intributions section.	∍d,
Part B.	Direct In-Plan Roth Rollov	ver		
	one)? Option 1: Yes. Option 2: No.		pient be entitled to request a Direct In-Plan Roth Rollove 2 is selected, skip the rest of this Part B.	er (select
	Option 1: Ye	S.	ect In-Plan Roth Rollover (select one)?	
Part C.	Option 1: Yes. Option 2: No.	t In-Plan Roth Rollovers (select one,	e)? contribution and rollover in of Roth Elective Deferrals. If n	no option
		EMPLOYER SIGI	NATURE	
Signatu	ure of Employer			
imp 2. I u	plications of amending this	Plan; properly complete the Amendme	ing the completion of the Amendment and the legal ent may result in disqualification of the Plan; and	and tax
Type Na	ame		Title	
Signatu	re of Adopting Employer		Date Signed	



DESIGNATION OF SUCCESSOR PLAN ADMINISTRATOR/TRUSTEE

GENERAL INFORMATION			
Name of Plan			
Name of Employer			
Address			
City	Ctoto	Zip	
DESIGNATION OF SUCCESSOR PL	.AN ADMINISTRATOR/TRUS	ΓEE	
If I am the sole owner of the business supon my death for purposes of plan to authorized to process payout request understand that I must inform the Trustee/Custodian will rely on the designation.	rmination and liquidation. Upo c(s) in accordance to the instr stee/Custodian in writing of an	n presentation of certified proof of cructions provided by the Successo	death, the Trustee/Custodian is r Plan Administrator/Trustee. I
Name of Successor Plan Administrato	r/Trustee		
Address			
City	State	Zip	
Phone	Email		
SUCCESSOR PLAN ADMINISTRAT	OR/TRUSTEE CONSENT		
I understand and accept the respondesignation.	sibilities associated with this	X Successor Plan Administrator/Trustee Signatu	re Date
SIGNATURES			
Plan Administrator/Trustee Signature_		Date Signed	
Witness Signature		Date Signed _	