

Premiere Select®

## SIMPLE IRA Plan Notice to Eligible Employees

Dear Employees,

Our company offers a SIMPLE IRA Plan as a retirement benefit, and you are eligible to participate in the Plan by electing to make salary reduction contributions to a Premiere Select SIMPLE IRA, or to another financial institution's SIMPLE IRA.

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 Reduction Agreement.

Note to Employer: You can provide copies of this participant notice to eligible employees or create and provide copies of a customized participant notice

### 1. COMPANY CONTRIBUTIONS

One of the features of a SIMPLE IRA Plan is that the Plan is funded by both employee and company contributions. For the 2021 calendar year, the company has elected to contribute to your SIMPLE IRA (*employer must select either (1), (2) or (3) and complete all applicable information*):

☒ (1) A matching contribution equal to your salary reduction contributions up to a limit of 3% of your compensation for the year;

☐ (2) A matching contribution equal to your salary reduction contributions up to a limit of \_\_\_\_\_ % (*employer must insert a percentage from 1 to 3 and is subject to certain restrictions*) of your compensation for the year;

— OR —

☐ (3) A non-elective contribution equal to 2% of your compensation for the year (\$280,000 for 2019)<sup>1</sup> if you are an employee who makes at least \$ \_\_\_\_\_ (*employer must insert an amount that is \$5,000 or less*) in compensation for the year.

### 2. HOW TO ENROLL

If you decide to start or change your Salary Reduction Agreement, you must complete the Salary Reduction Agreement and return it to the following place or individual by the date shown below:

4114 Mapleview DR, Beavercreek, OH 45432 (*employer should designate a place or individual*)

by AUG - 1st - 2021 (*employer should insert a date that is no less than 60 days after notice is given*).

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

<sup>1</sup>This amount will be adjusted to reflect any cost of living increases announced by the IRS.

For questions or assistance, call your investment representative.

Premiere Select®

## SIMPLE IRA Plan Salary Reduction Agreement Form

Use this form if you wish to direct your employer to defer part of your compensation to your company's SIMPLE IRA Plan, or if you want to change your existing Salary Reduction Agreement. See Section 3 of the Premiere Select SIMPLE IRA Plan Summary Description to determine when changes may be made to an existing Salary Reduction Agreement. Refer to the Summary Description in its entirety for details on all of your Premiere Select SIMPLE IRA Plan's provisions. Retain a copy of this form for your record. Type or fill in using CAPITAL letters and black ink

Note to Employer: You can provide copies of this sample Salary Reduction Agreement to our eligible employees or you can create and provide copies of your own customized Salary Reduction Agreement.

### 1. EMPLOYEE INFORMATION

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

EMPLOYER NAME

CITY

STATE

ZIP/POSTAL CODE

### 2. SALARY REDUCTION ELECTION

Subject to the requirements of the SIMPLE IRA Plan of the above-named employer, you authorize \_\_\_\_\_ % percentage of my salary, or \$\_\_\_\_\_ (*insert single-sum amount*) (which equals \_\_\_\_\_ % of your current salary), to be withheld from your pay each pay period and contributed to your SIMPLE IRA as a salary reduction contribution.

### 3. MAXIMUM SALARY REDUCTION

You understand that the total amount of my salary reduction contributions in any calendar year cannot exceed \$13,000 for 2019.

Employees age 50 or older may be able to make an additional catch-up elective deferral contribution to their SIMPLE IRA. Employees should consult their employer for more information about this additional catch-up contribution.

### 4. DATE SALARY REDUCTION BEGINS

You understand that your salary reduction contributions will start as soon as permitted under the SIMPLE IRA Plan and as soon as administratively feasible or, if you want the salary reduction contributions to begin later, fill in the date you want them to begin \_\_\_\_\_. (*The date must be on or after the date you sign this Agreement.*)

## 5. DURATION OF ELECTION

By signing below, you:

- Acknowledge you have read the Premiere Select SIMPLE IRA Plan Summary Description to determine if the changes you are requesting can be made to an existing Salary Reduction Agreement
- Understand this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as you remain an Eligible Employee under the SIMPLE IRA Plan, you provide your employer with a request to end your salary reduction contributions or you provide a new Salary Reduction Agreement as permitted under your employer's SIMPLE IRA Plan.

PRINT EMPLOYEE NAME *First, M.I., Last*

EMPLOYEE SIGNATURE

X

DATE *mm/dd/yyyy*

For questions or assistance, call your investment representative.