

401k Rules

Plan Participation

All employees can participate in the deferral with the exception of part-time temporary employees. Part-time temporary employees work less than 1000 hours per year. The class of employee in the payroll system is considered PT no accrual and are primarily after-school and ATeen staff.

Employee Contribution

Employee contribution can occur on or after the 1st day of the month following one month of service.

An Employee can contribute the maximum allowable by law.

Contribution % can be adjusted once per calendar quarter.

Employer – Deferred Compensation

Employer contribution will be for all part-time and full-time employees, excluding part-time temporary.

Employer will contribute 3% of compensation each pay period for all eligible employees.

Employer - Match

Employer match will be for all part-time and full-time employees, excluding part-time temporary.

Employer will match employee contribution over 3% - not to exceed an additional 2% match or 5% total employer contribution, combining contribution and match.

Vesting - schedule will apply – see below:

- 0-1 year of service – 0% vested
- @ 1 year of service – 33% vested
- @ 2 years of service – 66% vested
- @ 3 years of service – 100% vested

Eligibility Date Summary

In summary eligibility for plan is at first day of month following employment – however the vesting schedule controls access or earning of those funds. All funds that are contributed or matched and not earned by an employee because of the vesting schedule at time of termination will go to offset administrative expenses of the plan.

- Contribution starts first of month following month of service – 3%.
- Deferral can start as early as first of month following month of service.
- Match occurs each pay period based on the deferral – % over contribution up to 5% in total.
- Contribution or match earned or vested at:
 - 1 year anniversary you will be 1/3 vested.
 - 2nd year anniversary you will be 2/3 vested.
 - 3rd year anniversary you will be fully vested.

Plan year for testing purposes is calendar year but all dates inside plan are first day of month following and anniversary.

Alliance for Women & Children
401k Set-Up Document

Employee Name: _____

Date of Birth: _____

Date of Hire: _____

Eligibility Dates

Eligible to make Deferral: _____

Eligible for Match Contribution: _____

Eligible for Non-Match Contribution: _____

Forms Completed:

- Election to Participate
- Designation of Beneficiary
 - Spouse's Consent Section – required if married and partner is NOT the beneficiary.

Scan documents and email to: kthaxton@fftam.com

PLAN NAME: *Alliance for Women & Children. 401k Plan*

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY

As a Participant in the Company's Retirement Plan, the law requires that you be informed as to the disposition of your Account Balance. In the case of your death before retirement, the Plan will pay to your surviving spouse your full vested Account Balance. However, you have the right to waive the designation of your spouse being named as the sole direct beneficiary of your death benefit. Your spouse MUST consent in writing before a plan representative or notary public to any waiver that you elect as well as to the specific non-spouse beneficiary. You may revoke any waiver any time before your death, and, if you desire, designate a new beneficiary, provided your spouse consents to the new beneficiary. It is important that you and your spouse understand your rights and obligations concerning your death benefit. Direct any questions to the Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.

SAMPLE BENEFICIARY DESIGNATIONS

Sample 1 (Spouse as Primary Beneficiary and Children as Secondary Beneficiary)

				Primary	Secondary
<i>Margaret H. Roe</i>	<i>Spouse</i>	<i>123-45-6789</i>	<i>100%</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>James Roe</i>	<i>Son</i>	<i>123-45-6789</i>	<i>50%</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Nancy Roe</i>	<i>Daughter</i>	<i>123-45-6789</i>	<i>50%</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Relationship	SSN	% of Assets		

Sample 2 (Children as Primary Beneficiary and Sibling as Secondary Beneficiary)

<i>James Roe</i>	<i>Son</i>	<i>123-45-6789</i>	<i>50%</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Nancy Roe</i>	<i>Daughter</i>	<i>123-45-6789</i>	<i>50%</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Robert Roe</i>	<i>Brother</i>	<i>123-45-6789</i>	<i>100%</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Relationship	SSN	% of Assets		

Sample 3 (Parents as Primary Beneficiary and Siblings as Secondary Beneficiary)

<i>Dale Roe</i>	<i>Father</i>	<i>123-45-6789</i>	<i>50%</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Martha Roe</i>	<i>Mother</i>	<i>123-45-6789</i>	<i>50%</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Robert Roe</i>	<i>Brother</i>	<i>123-45-6789</i>	<i>50%</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Relationship	SSN	% of Assets		
<i>Sally Roe</i>	<i>Sister</i>	<i>123-45-6789</i>	<i>50%</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Relationship	SSN	% of Assets		

PLAN NAME: *Alliance for Women & Children. 401k Plan*

PRIMARY BENEFICIARY DESIGNATION

If you are married and name someone *other* than your spouse as **Primary Beneficiary**, your spouse must sign the consent section in the presence of a Notary or Plan Trustee.

Name	Relationship	SSN	% of Assets

SECONDARY BENEFICIARY DESIGNATION

Secondary beneficiaries will receive your death benefit **ONLY IF** the primary beneficiaries are not living at the time of your death.

Name	Relationship	SSN	% of Assets

AFFIRMATION AND ACKNOWLEDGEMENT BY PARTICIPANT

All of my previous beneficiary designations, if any, are null and void. I affirm that, to the best of my knowledge, there is no court order (other than a Qualified Domestic Relations Order) that assigns any of my interest in the Plan to any other person. I further herby affirm that:

- I am either not married or I have a court order recognizing my legal separation from my spouse; and I was ever previously married, I have a valid decree of divorce from all ex-spouses. I acknowledge that any designation made on this form today may be invalidated upon my marriage, and agree to keep the Plan Administration informed of any changes to my marital status.
- I am presently legally married. I shall keep the Plan Administrator informed of any change to my marital status. Unless my spouse is the only primary beneficiary, my spouse has completed the CONSENT portion of this form below (page 3).

I acknowledge that I need to fill out a new beneficiary designation form to change any designations made on this form.

Participant's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

[SPOUSAL CONSENT SECTION ON NEXT PAGE]

Return To: Kirk Thaxton
First Financial Trust & Asset Management Co., NA
400 Pine Street, Suite 300
Abilene, TX 79601-5108

Helpline: 325-627-7117
Fax: 325-627-7342
email: kthaxton@fftam.com

PLAN NAME: *Alliance for Women & Children. 401k Plan*

SPOUSE'S CONSENT SECTION

I hereby consent:

- To the beneficiary designations made by my spouse in the Primary Beneficiary Designation Section.
- That if my spouse named someone other than me as beneficiary, the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me.
- That my spouse may not change either the Election to Waive Pre-Retirement Survivor Annuity or the beneficiary without my consent.

Signature of Spouse: _____ Date: _____

Signature of Notary: _____ Date: _____
or Trustee:



Notary Stamp

Return To: Kirk Thaxton
First Financial Trust & Asset Management Co., NA
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Abilene, TX 79601-5108

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