

Participant Disclosure Service Information Form



Please complete all sections of this form completely and provide very specific details about your retirement plan.

- Use your plan documents and/or Summary Plan Description, or Trust documents to answer the questions.
- The answers you provide will be displayed **verbatim** on the disclosure documents that are created for your participants.
- We recommend you review this form with your legal advisor to ensure all required information and elections are completed.

Call us at 1-800-345-3533 if you need help.

1 Provide Information About Your Plan

Plan name Plan ID Plan year ends (month-day)

Plan Administrator's name

Plan Administrator's street address City State Zip

Plan Administrator's telephone number Email address

2 Provide General Plan Information

A. ERISA 404(c) Compliance

Do you intend to operate your plan in compliance with Section 404(c) of the Employee Retirement Income Security Act of 1974 (ERISA), as amended?

- Yes
 No

NOTE: If no box above is selected, we will assume you intend to operate your plan in compliance with Section 404(c) of ERISA.

B. Investment of Participant Assets

Explain the circumstances under which participants and beneficiaries may give investment instructions and any limitations on investment instructions under the terms of the plan, including the frequency of changes or restrictions on transfers, exchanges, etc.

Investment direction is given by (select all that apply):

- Employer
 Trustee(s)
 Participant

Step 2 continued on page 2

Provide General Plan Information (continued)

NOTE: Complete sections a), b) and c) below only if you selected the 'Participant' box under 2.B on page 1. If you did not select the 'Participant' box, proceed to section C. Voting Rights below.

a) Participants may direct the investments of the following portion(s) of their account:

- The entire account
- Part of the account (select all that apply):
 - Elective deferrals
 - Matching contributions
 - Profit sharing/pension contributions
 - Rollover contributions
 - Other _____

b) Participants may change their investments

- Anytime
- Daily
- Monthly
- Quarterly
- Other _____

c) The following additional rules apply to participants' investment instructions (list any other restrictions, including any other limitations on transfers, exchanges, etc.)

- There are no additional rules.
 - Other _____
- _____
- _____

C. Voting Rights

Describe the plan provisions for voting rights attached to an investment as well as any restrictions on those rights.

Voting rights may be exercised by:

- Participant
- Plan trustee
- Other _____

If you would like to provide further detail on your plan's voting rights, including any restrictions on those rights, please list them in the space provided below.

D. Investment Manager

Does your plan have an Investment Manager?

- Yes
- No

If Yes, provide information below.

Investment Manager's name

Investment Manager's company

Telephone number

Step 2 continued on page 3

Provide General Plan Information (continued)

E. Brokerage Option

Does your plan offer a self-directed brokerage option?

Yes

No

If yes, please provide information below.

Name of Brokerage Provider

Phone

Describe the options that are available and any limitations that may apply.

3 Provide Expense Information

A. Administrative Expenses

Administrative Expenses are paid by (select all that apply):

Plan

Plan Sponsor

Participant

NOTE: Complete the remainder of the Administrative Expenses section below only if you selected the 'Participant' box above. If you did not select the 'Participant' box, proceed to section B. Individual Expenses on the next page.

Indicate any fees and expenses for **general plan administrative services** that are not reflected in the plan's total annual operating expenses (such as legal, accounting, recordkeeping, etc.), which may be **charged against an individual participant or beneficiary's account**. Also describe how the charges are allocated (pro rata, per capita, etc.) or affect the balance of each individual's account.

Example:

Participant Service Fee \$25.00/Annually Pro rata Per capita Other _____

Name/Fee Description	Amount/Frequency	How Charged?
_____	\$_____/_____	<input type="checkbox"/> Pro rata <input type="checkbox"/> Per capita <input type="checkbox"/> Other _____
_____	\$_____/_____	<input type="checkbox"/> Pro rata <input type="checkbox"/> Per capita <input type="checkbox"/> Other _____
_____	\$_____/_____	<input type="checkbox"/> Pro rata <input type="checkbox"/> Per capita <input type="checkbox"/> Other _____
_____	\$_____/_____	<input type="checkbox"/> Pro rata <input type="checkbox"/> Per capita <input type="checkbox"/> Other _____

Step 3 continued on page 4

Provide Expense Information (continued)

B. Individual Expenses

Indicate any applicable fees and expenses that may be **charged against an individual participant or beneficiary's account** for taking advantage of a particular plan service (not plan wide).

Some typical fees are listed below. Leave blank if your plan does not charge the specific fee. Also provide a description of how the fee is assessed. Include other fees in space provided if not listed here.

Name/Type of Fee	Amount/Frequency	Explain How Fee is Assessed
Loan Set Up Fee	\$ _____	_____
Loan Maintenance Fee	\$ _____	_____
Qualified Domestic Relations Order (QDRO) Review Fee	\$ _____	_____
Self-directed Brokerage Account	\$ _____	_____
Distribution Fee	\$ _____	_____
Investment Assistance	\$ _____	_____
Other	\$ _____	_____

4 Sign Your Name and Date Below

Plan Administrator, please sign below.

- Attach your completed form to your signed *Participant Disclosure Service Agreement* along with a \$75 check made payable to American Century Services, LLC.
- The fee will be due by December 15th of each calendar year for subsequent years.

Plan Administrator's name (please print)

Plan Administrator's signature

Date