

## MULTIPLE EMPLOYER PLAN PARTICIPATION AGREEMENT ADDENDUM

To be completed only in the event this is a Multiple Employer Plan.

1. Name of Plan Sponsor: Brethren in Christ Pension Fund

2. Each Participating Employer that agrees to adopt this Plan shall agree to the following terms:

- (a) Each Participating Employer of the Plan Sponsor's Plan shall be required to use the same Custodian as provided in the Plan.
- (b) The Custodian may, but shall not be required to, commingle, hold and invest in one Group Custodial Account all contributions made by Participating Employers, as well as all increments thereof.
- (c) Participating Employer's  (1) may; or  (2) may not make modifications to certain provisions as specified in Item 9 below.

### 3. DESIGNATION OF AGENT

Each Participating Employer shall be deemed to be a party to this Plan; provided, however, that with respect to all of its relations with the Custodian for the purpose of this Plan, each Participating Employer shall be deemed to have designated irrevocably the Plan Sponsor as its agent. Unless the context of the Plan clearly indicates the contrary, the word "Employer" shall be deemed to include each Participating Employer as related to its adoption of the Plan.

### 4. EMPLOYEE TRANSFERS BETWEEN EMPLOYERS

In the event an Employee is transferred between Participating Employers, accumulated service and eligibility may be carried with the Employee involved, if elected in the Participation Agreement, unless the credit is required by law.

### 5. PARTICIPATING EMPLOYER CONTRIBUTION AND FORFEITURES

Any contribution or Forfeiture subject to allocation during each Plan Year shall be determined and allocated separately by each Participating Employer, and shall be allocated only among the Participants eligible to share in the Employer or Participating Employer making the contribution or by which the forfeiting Participant was employed. On the basis of the information furnished by the Plan Administrator, the Custodian shall keep separate books and records concerning the affairs of each Participating Employer hereunder and as to the accounts and credits of the Employees of each Participating Employer. The Custodian may, but need not, register Contracts so as to evidence that a particular Participating Employer is the interested Employer hereunder, but in the event of an Employee transfer from one Participating Employer to another, the employing Employer shall as soon as administratively feasible notify the Custodian thereof.

### 6. AMENDMENT

The Plan Sponsor has the unilateral right to amend the Plan and the Participation Agreement for adoption by Participating Employers. A Participating Employer may amend the Participation Agreement with respect to the available choices, but may not amend the language contained within the Plan or the Participation Agreement. If the Plan Sponsor amends the Plan and/or the Participation Agreement, the Plan Sponsor will communicate such amendments to all Participating Employers.

### 7. DISCONTINUANCE OF PARTICIPATION

Any Participating Employer shall be permitted to discontinue or revoke its participation in the Plan at any time. At the time of any such discontinuance or revocation, satisfactory evidence thereof and of any applicable conditions imposed shall be delivered to the Plan Sponsor. The Custodian shall thereafter transfer, deliver and assign Contracts and other Custodial Fund assets allocable to the Participants of such Participating Employer to such new custodian or issuer as shall have been designated by such Participating Employer, in the event that it has established a separate 403(b) retirement plan for its employees provided, however, that no such transfer shall be made if the result is the elimination or reduction of any vested or protected benefit as described in the Plan. If no successor is designated, the Custodian shall retain such assets for the Employees of said Participating Employer pursuant to the provisions of the Custodial Agreement. In no such event shall any part of the corpus or income of the Custodial Account as it relates to such Participating Employer be used for or diverted for purposes other than for the exclusive benefit of the Employees of such Participating Employer.

### 8. MODIFICATIONS TO THE EMPLOYER'S ADOPTION AGREEMENT

Each Participating Employer accepts all provisions and amendments to those provisions; however, each Participating Employer shall have the ability to make the following elections under the Plan subject to the Plan sponsor's approval. Such elections will apply to Participants under the Plan while such Participants are employed by the Participating Employer. Each Participating Employer shall be notified in writing at least 30 days prior to the adoption of any amendment to the options provided in the Adoption Agreement or associated Plan Document.

9. PERMITTED MODIFICATIONS BY PARTICIPATING EMPLOYER

If elected in Item 2(c) above, the following provisions may be modified by the Participating Employer.

Please note that the item numbers listed beside each provision below corresponds with the "Reserved" item numbers in the Adoption Agreement.

ITEM 33.

Employer Contributions:

- (a) shall not be made; or
- (b) shall be made.

**Default - (a)**

ITEM 34.

If 33(b) above is checked, the following type of Employer Contribution(s) shall be made (check all that apply):

- (a) Employer Nonelective Contributions as selected in Item 35 below.
- (b) Employer Matching Contributions as selected in Item 36 below.
- (c) Other: Provide a detailed description on a separate page.

ITEM 35.

Nonelective Employer Contributions shall be made as follows:

- (a) Not Applicable. Employer Nonelective Contributions shall not be made.
- (b) \_\_\_\_\_% of each Participant's Compensation.
- (c) \$\_\_\_\_\_ per Plan Year.
- (d) An amount, if any, to be determined by the Employer. Provide a detailed description on a separate page.
- (e) An amount based on the years of service as specified in the following schedule:

Years of Service	Contribution Amount
Less than _____ years	_____ % of Compensation
At least _____ years	_____ % of Compensation
At least _____ years	_____ % of Compensation
More than _____ years	_____ % of Compensation

ITEM 36.

Matching Contributions

The Employer shall contribute on behalf of each Participant a Matching Contribution equal to:

- (a) N/A. The Employer will not make Matching Contributions.
- (b) \_\_\_\_\_ percent of the Participant's Elective Deferrals.
- (c) The Employer shall not match amounts provided in excess of \$\_\_\_\_\_, or in excess of \_\_\_\_\_ percent, of the Participant's Compensation.
- (d) An amount, if any, determined by the Employer. Provide a detailed description on a separate page.

ITEM 37.			
All Employees of the Employer (including employers required to be aggregated under sections 414(b), (c), (m), or (o) of the Code) will be eligible to participate in this Plan except the following:			
		Nonelective	Matching
<input type="checkbox"/> (a)	N/A. There is no age or service requirement.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Employees who have not attained age _____ (cannot exceed age 21)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Employees who have not completed _____ Year(s) of Service; or _____ Month(s) of Service; or _____ Day(s) of Service Note: Cannot exceed 1 year unless the Plan provides a nonforfeitable right to 100% of the Participant's account balance derived from Employer contributions after not more than 2 years of service in which case up to 2 years is permissible. If the Year(s) of Service selected is or includes a fractional year, an employee will not be required to complete any specified number of Hours of Service to receive credit for such fractional year.)	<input type="checkbox"/>	<input type="checkbox"/>
ITEM 17.			
Allocation Periods for Contributions (This will determine if additional contributions need to be made for a given year):			
		Nonelective	Matching
<input type="checkbox"/> (a)	Weekly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Bi-Weekly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	Annual	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	Per Pay	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (f)	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
ITEM 38.			
All Employees who are members of eligible classes of employees shall be eligible to participate in the Plan <u>except</u> :			
		Nonelective	Matching
<input type="checkbox"/> (a)	N/A. There are no exclusions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Collectively Bargained Employees (see Section 2.15 of the Plan)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Nonresident Aliens (see Section 2.39 of the Plan)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	Employees who become Employees as the result of a "section 410(b)(6)(C) transaction"	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	Employees of the following employer(s) aggregated with the Employer under section 414(b), (c), (m), or (o) of the Code: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (f)	Hourly Rated Employees	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (g)	Employees who normally work less than 20 hours per week (defined to be 1000 hours per year)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (h)	Highly Compensated Employees	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (i)	Employees who are participants in an eligible deferred compensation plan within the meaning of section 457 of the Code; a 401(k) qualified cash or deferred arrangement of the Employer or another custodial account or annuity described in section 403(b) of the Code.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (j)	Other (specify): _____ (Note: Insert an exclusion category, e.g. Division A Employees.)	<input type="checkbox"/>	<input type="checkbox"/>

ITEM 40.			
Additional Allocation Conditions: Employer Contributions for a Plan Year shall be allocated among the accounts of each Participant who satisfy the following additional allocation conditions (check all that apply):			
		Nonelective	Matching
<input type="checkbox"/> (a)	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (b)	Employed by the Employer on the last day of the Plan Year	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (c)	Employees who terminated employment (within the Plan Year) with at least 501 Hours of Service	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (d)	A Participant retires during the Plan Year	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (e)	A Participant who becomes Disabled during the Plan Year	<input type="checkbox"/>	<input type="checkbox"/>

ITEM 41.

The Employer  (a) shall; or  (b) shall not make contributions on behalf of disabled Participants on the basis of the Compensation each such Participant would have received for the Limitation Year if the Participant had been paid at the rate of Compensation paid immediately before becoming permanently and totally disabled. Such imputed Compensation for the disabled Participant may be taken into account only if the Participant is not a Highly Compensated Employee, and contributions made on behalf of such Participant will be nonforfeitable when made. Compensation will mean compensation as that term is defined in Section 2.16 of the Plan.

ITEM 21. (a)

The Participant will be permitted to change or discontinue the amount of his deferral election effective the beginning of the pay period coincident with or next following the "Change Date(s)" elected below:

(1) First day of the first month of the Plan Year  
 (2) First day of the first or the seventh month of the Plan Year  
 (3) First day of the first, fourth, seventh and tenth months of the Plan Year  
 (4) First day of each month  
 (5) Each (at least annually): (e.g. pay period) \_\_\_\_\_

**Default - (a)(2)**

SIGNATURES*	
Effective Date: _____	
Signed, sealed, and accepted in the presence of:	
Name of Plan Sponsor: Brethren in Christ Pension Fund	
Signature of Plan Sponsor:	Date: _____
Name of Signer: _____	Title: _____
Name of Participating Employer: _____	
Signature of Participating Employer:	Date: _____
Name of Signer: _____	Title: _____
Signature of Witnesses as to Participating Employer:	

\*With the signature and date by the Participating Employer and then by the Plan Sponsor, this Multiple Employer Plan Participation Agreement Addendum is in effect on the Effective Date listed above. All prior Addendum Effective Dates are superseded. If the Participating Employer would like to make any changes in the future, a new Addendum **must** be completed.