

ESOP DOCUMENT DESIGN CHECKLIST

1. Name of Corporate Plan Sponsor: _____
2. State of Incorporation: _____
3. Federal EID No.: _____
4. Board of Directors: _____
5. ESOP Plan Effective Date: _____
6. Type of Plan
 - ESOP
 - 401(k)/ESOP
7. Provision for leveraging? Yes No
8. Will seller be utilizing IRC § 1042 provision (deferral of capital gains through purchase of qualifying security?) Yes No
9. Corporation Type
 - "C" Corporation
 - Sub "S" Corporation—Date of Election: _____If corporation type changed, please note change and date of change: _____

10. Corporation's Fiscal Year End _____
ESOP Plan Year End _____
11. Participation Rules:
 - a. Minimum age to be a Participant in the ESOP _____
 - b. Minimum Years of Service to be a Participant _____
 - c. Past service credit? _____
 - d. Minimum hours required? Yes (1,000 hours) No
 - e. Employee Classes Excluded:

 - f. Plan Entry Date(s) Annually Semi-Annually
 Quarterly Other: _____
12. Vesting Schedule:
 - 0 vesting for 2 years, then 20%/year, full vesting in 6 years
 - 3-year cliff vesting
 - Other: _____

13. Minimum Hours for Vesting Year (cannot exceed 1,000): _____
14. Allocation Rules:
- a. Minimum hours for contribution _____
 - b. Definition of Compensation for Allocation _____ Total Compensation _____
 - c. Employment on last day required? Yes No
15. Reallocation of Forfeitures
- Five-Year Break in Service
 - Five-Year Break in Service or, If Earlier, Following Distribution
16. Break in Service = _____ Hours (cannot exceed 500)
17. Distribution Rules:
- a. Defer all until ESOP debt is retired? Yes No
 - b. Retirees Year Following
 Other: _____
 - c. Death Year Following
 Other: _____
 Do not defer until debt is repaid
 - d. Disability Year Following
 Other: _____
 Do not defer until debt is repaid
 - e. Quit or Fired Six Years Other: _____
 Minimum Distribution Amount
 - f. Distribute Stock Yes No
 - g. Distribute Cash Only Yes No
 - h. Decision maker re: how to distribute (lump sum, etc.) Trustees Participant
18. Self-trusted? Yes No
Name of Trustee(s): _____
Member(s) of Plan's Administrative Committee: _____

19. Definition of Retirement:
Later of Age _____ or completion of _____ years of participation (cannot exceed 65 & 5)
20. Union Employees excluded automatically? Yes No

Prepared by:

Name and title
on behalf of:

Date

Company Name