

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 10/03/2022	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information —enter all requested information													
1a Name of plan FIRST WESTERN BANK & TRUST EMPLOYEES PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; padding: 5px; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 01/01/1972</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1972									
1b Three-digit plan number (PN) ▶	001												
1c Effective date of plan 01/01/1972													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FIRST WESTERN BANK & TRUST P.O. BOX 1090 MINOT, ND 58702	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">2b Employer Identification Number (EIN) 45-0279825</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">2c Sponsor's telephone number 701-852-3711</td> <td></td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) 522110</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 45-0279825		2c Sponsor's telephone number 701-852-3711		2d Business code (see instructions) 522110							
2b Employer Identification Number (EIN) 45-0279825													
2c Sponsor's telephone number 701-852-3711													
2d Business code (see instructions) 522110													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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3c Administrator's telephone number													
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
4b EIN													
4d PN													
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">5a</td> <td style="width: 40%; text-align: center; color: blue;">100</td> </tr> <tr> <td style="padding: 5px;">5b</td> <td style="text-align: center; color: blue;">0</td> </tr> <tr> <td style="padding: 5px;">5c</td> <td></td> </tr> <tr> <td style="padding: 5px;">5d(1)</td> <td style="text-align: center; color: blue;">83</td> </tr> <tr> <td style="padding: 5px;">5d(2)</td> <td style="text-align: center; color: blue;">0</td> </tr> <tr> <td style="padding: 5px;">5e</td> <td style="text-align: center; color: blue;">0</td> </tr> </table>	5a	100	5b	0	5c		5d(1)	83	5d(2)	0	5e	0
5a	100												
5b	0												
5c													
5d(1)	83												
5d(2)	0												
5e	0												

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. 11/07/2022 BRENDA FOSTER
	Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 456130. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	12683556	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	12683556	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	2266756	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-1231758	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1034998
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13702019	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	16535	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		13718554
i Net income (loss) (subtract line 8h from line 8c)	8i		-12683556
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D 1H 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 10/03/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>FIRST WESTERN BANK & TRUST EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FIRST WESTERN BANK & TRUST</u>	D Employer Identification Number (EIN) <u>45-0279825</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value	2a <u>12683556</u>
b Actuarial value	2b <u>12683556</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2</u> (2) Vested Funding Target <u>149560</u> (3) Total Funding Target <u>149560</u>
b For terminated vested participants.....	<u>15</u> <u>774531</u> <u>774531</u>
c For active participants	<u>83</u> <u>7887414</u> <u>7887414</u>
d Total.....	<u>100</u> <u>8811505</u> <u>8811505</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.52</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>57094</u>
c Total (line 6a + line 6b)	6c <u>57094</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/11/2022</u> Date
Signature of actuary		<u>20-07413</u> Most recent enrollment number
<u>ADAM K. PAGENKOPF</u> Type or print name of actuary		<u>612-339-1111</u> Telephone number (including area code)
<u>PENSION CONSULTANTS, INC.</u> Firm name		
<u>120 SOUTH SIXTH STREET, SUITE 1911</u> <u>MINNEAPOLIS, MN 55402</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1028868
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	1028868
10 Interest on line 9 using prior year's actual return of <u>15.69</u> %	0	161429
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1247290
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10</u> %		63612
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		1310902
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1190297

Part III Funding Percentages

14 Funding target attainment percentage	14	130.43 %
15 Adjusted funding target attainment percentage	15	143.94 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.22 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/26/2022	107500	0			
08/01/2022	2159256	0			
Totals ►			18(b)	2266756	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2200016

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	57094	
b Excess assets, if applicable, but not greater than line 31a	31b	57094	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2200016	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2200016	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg. No. Comp		1 To 4 Avg. No. Comp		5 To 9 Avg. No. Comp		10 To 14 Avg. No. Comp		15 To 19 Avg. No. Comp		20 To 24 Avg. No. Comp		25 To 29 Avg. No. Comp		30 To 34 Avg. No. Comp		35 To 39 Avg. No. Comp		40 & Up Avg. No. Comp	
Under 25	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	6	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	4	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	3	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	3	0	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	3	0	0	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	3	0	7	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	3	0	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: First Western Bank & Trust Employees Pension Plan
Plan sponsor's name: FIRST WESTERN BANK & TRUST

Plan number: 001
EIN: 45-0279825

Attachment to Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Valuation as of 01/01/2022 for the Plan Year Ending 12/31/2022

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Entity: Corporation

Prescribed Mortality Tables

Male Nonannuitant:	2022 Nonannuitant Male
Female Nonannuitant:	2022 Nonannuitant Female
Male Annuitant:	2022 Annuitant Male
Female Annuitant:	2022 Annuitant Female

Options

Use optional combined mortality table for small plans:	Yes
Use discount rate transition:	No

Applicable months from valuation month:	0
Probability of lump sum:	100.00%
Use pre-retirement mortality:	Yes

417(e) Actuarial Equivalent

Stability period:	plan year
Lookback months:	1
Pre-retirement:	N/A
Post retirement:	2022 Applicable

Interest Rates

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	0.88	2.61	3.27
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	5.18	5.92
Override:	0.00	0.00	0.00

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.16	2.72	3.10
Override:	0.00	0.00	0.00

Salary Scale

Male:	4.50%
Female:	4.50%

Late Retirement Rates

Male:	N/A
Female:	N/A

Withdrawal

Male:	N/A
Female:	N/A

Expense loading: Administrative expenses paid from Plan in prior year are assumed.

Withdrawal-Select

Male:	N/A
Female:	N/A

Disability Rates

Male:	N/A
Female:	N/A

Early Retirement Rates

Male:	N/A
Female:	N/A

Pre-retirement Mortality

Male:	N/A
Female:	N/A

Setback

0
0

Subsidized Early Retirement Rates

Male:	N/A
Female:	N/A

415 Mortality

2022 Applicable

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**For calendar plan year 2021 or fiscal plan year beginning 01/01/2022 and ending 10/03/2022▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FIRST WESTERN BANK & TRUST EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FIRST WESTERN BANK & TRUST		D Employer Identification Number (EIN) 45-0279825
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value		2a	12,683,556
b Actuarial value		2b	12,683,556
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2	149,560	149,560
b For terminated vested participants	15	774,531	774,531
c For active participants	83	7,887,414	7,887,414
d Total	100	8,811,505	8,811,505
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		5.52%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	57,094
c Total (line 6a + line 6b)		6c	57,094

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/11/2022
Signature of actuary		Date
ADAM K. PAGENKOPF		2007413
Type or print name of actuary		Most recent enrollment number
PENSION CONSULTANTS, INC.		612-339-1111
Firm name		Telephone number (including area code)
120 SOUTH SIXTH STREET, SUITE 1911		
MINNEAPOLIS MN 55402		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year-after applicable adjustments (line 13 from prior year)	0	1,028,868
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	1,028,868
10 Interest on line 9 using prior year's actual return of <u>15.69%</u>	0	161,429
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,247,290
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.10%</u>		63,612
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		1,310,902
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,190,297

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	130.43%
15	Adjusted funding target attainment percentage	15	143.94%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.22%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/26/2022	107,500	0			
08/01/2022	2,159,256	0			
Totals ►			18(b)	2,266,756	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,200,016

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	57,094
b Excess assets, if applicable, but not greater than line 31a		31b	57,094
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		2,200,016
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,200,016
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2022

Effective: 5.52%

Late Quarterly: 10.52%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
01/26/2022	\$107,500	-395	0	\$107,105
08/01/2022	\$2,159,256	-66,345	0	\$2,092,911
	<u>\$2,266,756</u>			<u>\$2,200,016</u>

Name of Plan: First Western Bank & Trust Employee
Plan Sponsor's EIN: 45-0279825
Plan Number: 001
Plan Sponsor's Name: FIRST WESTERN BANK & TRUST

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	<u>First Western Bank & Trust Employees Pension Plan</u>	EIN:	<u>45-0279825</u>
Plan Sponsor's Name	<u>FIRST WESTERN BANK & TRUST</u>	PN:	<u>001</u>

<u>Eligibility Requirements</u>	<u>Service/Participation Requirements</u>	<u>Plan Effective Date:</u>	01/01/1972
---------------------------------	---	-----------------------------	------------

Age (yrs) :	21	Definition of years:	Hours worked
Age (months) :	0	Continuing hours:	1,000
Wait (months) :	12	Excluded classes:	Union Members
			Non-resident alien
			Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65				21
Service:	0				0
Participation:	0				1
Defined:	1st of month following				Date of event

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Rates - Male:	N/A	N/A	N/A	
Rates - Female:	N/A	N/A	N/A	

Plan Actuarial Equivalence

Pre-retirement Mortality :	N/A	Setback :	None
Post-retirement Mortality :	1983 GATT	Setback :	None
Pre-retirement Interest :	7.50%		
Post-retirement Interest :	6.00%		

Use Social Security Retirement Age: No

Vesting Schedule: 3/20

Vesting Definition: Hours Worked

Pre-retirement death benefit

Percentage of accrued benefit: 100.00%

Death Benefit Payment method: PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	1.35% Fresh Start		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2004		
Unit type:	Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	1.350%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Service

Accrual

Frozen:	Cease at valuation date	Fractions based on:	N/A										
Definition of years:	Hours worked												
Accrual credit:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Continuing</u></td> <td style="text-align: center;"><u>Died</u></td> <td style="text-align: center;"><u>Disabled</u></td> <td style="text-align: center;"><u>Retired</u></td> <td style="text-align: center;"><u>Terminated</u></td> </tr> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> </tr> </table>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	1000	1000	1000	1000	1000	Precision:	N/A
<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>									
1000	1000	1000	1000	1000									
		Limit current credit to:	N/A										
Years based on:	Participation	Cap/floor years:	0										
Maximum past accrual years:	0.0000	Cap or floor:	Floor										
Method:	Unit accrual	Accrual % per year:	0.00%										
		Apply 415 before accrual:	No										

Frozen Benefits

Fresh Start Date:	01/01/2004	Fresh start approach	No wear away
Apply increase to frozen compensation:	Yes	Reduce years and/or caps	Yes
Selected Formula:	N/A	by frozen years:	

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	<u>First Western Bank & Trust Employees Pension Plan</u>	EIN:	<u>45-0279825</u>
Plan Sponsor's Name	<u>FIRST WESTERN BANK & TRUST</u>	PN:	<u>001</u>

Benefits

Pension Formula:	.5% New Formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2014		
Unit type:	Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.500%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date	Fractions based on:	N/A
Definition of years:	Hours worked		
Accrual credit:	<u>Continuing</u> <u>Died</u> <u>Disabled</u> <u>Retired</u> <u>Terminated</u> 1000 1000 1000 1000 1000	Precision:	N/A
		Limit current credit to:	N/A
Years based on:	Participation	Cap/floor years:	0
Maximum past accrual years:	0.0000	Cap or floor:	Floor
Method:	Unit accrual	Accrual % per year:	0.00%
		Apply 415 before accrual:	No

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	GF Frozen		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2004		
 Unit type:	Percent		
Unit based on:	Service		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.000%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
 Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date					
Definition of years:	Hours worked					Fractions based on: N/A
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: N/A
	1000	1000	1000	1000	1000	Limit current credit to: N/A
 Years based on:	Service					Cap/floor years: 0
Maximum past accrual years:	0.0000					Cap or floor: Floor
Method:	Unit accrual					Accrual % per year: 0.00%
						Apply 415 before accrual: No

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	Excluded		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2014		
Unit type:	Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.000%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
Maximum credit:			
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date					Fractions based on:	N/A
Definition of years:	Hours worked						
Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
Years based on:	Participation					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % per year:	0.00%
						Apply 415 before accrual:	No

Attachment to Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Valuation as of 01/01/2022 for the Plan Year Ending 12/31/2022

Plan Name	<u>First Western Bank & Trust Employees Pension Plan</u>	EIN:	<u>45-0279825</u>
Plan Sponsor's Name	<u>FIRST WESTERN BANK & TRUST</u>	PN:	<u>001</u>

Entity: Corporation

Prescribed Mortality Tables

Male Nonannuitant: 2022 Nonannuitant Male
 Female Nonannuitant: 2022 Nonannuitant Female
 Male Annuitant: 2022 Annuitant Male
 Female Annuitant: 2022 Annuitant Female

Options

Use optional combined mortality table for small plans: Yes
 Use discount rate transition: No

Applicable months from valuation month: 0
 Probability of lump sum: 100.00%
 Use pre-retirement mortality: Yes

417(e) Actuarial Equivalent

Stability period: plan year
 Lookback months: 1
 Pre-retirement: N/A
 Post retirement: 2022 Applicable

Interest Rates

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	0.88	2.61	3.27
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.75	5.18	5.92
Override:	0.00	0.00	0.00

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.16	2.72	3.10
Override:	0.00	0.00	0.00

Salary Scale

Male: 4.50%
 Female: 4.50%

Late Retirement Rates

Male: N/A
 Female: N/A

Withdrawal

Male: N/A
 Female: N/A

Expense loading: Administrative expenses paid from Plan in prior year are assumed.

Withdrawal-Select

Male: N/A
 Female: N/A

Disability Rates

Male: N/A
 Female: N/A

Early Retirement Rates

Male: N/A
 Female: N/A

Pre-retirement Mortality

Male: N/A
 Female: N/A

Setback

0
 0

Subsidized Early Retirement Rates

Male: N/A
 Female: N/A

415 Mortality

2022 Applicable

Attachment to Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name	<u>First Western Bank & Trust Employees Pension Plan</u>	EIN:	<u>45-0279825</u>
Plan Sponsor's Name	<u>FIRST WESTERN BANK & TRUST</u>	PN:	<u>001</u>

The assumed retirement age is:

Normal retirement age 65.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg. No. Comp		1 To 4 Avg. No. Comp		5 To 9 Avg. No. Comp		10 To 14 Avg. No. Comp		15 To 19 Avg. No. Comp		20 To 24 Avg. No. Comp		25 To 29 Avg. No. Comp		30 To 34 Avg. No. Comp		35 To 39 Avg. No. Comp		40 & Up Avg. No. Comp	
Under 25	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	6	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	4	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	3	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	3	0	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	3	0	0	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	3	0	7	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	3	0	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: First Western Bank & Trust Employees Pension Plan
Plan sponsor's name: FIRST WESTERN BANK & TRUST

Plan number: 001
EIN: 45-0279825

Attachment to Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name	<u>First Western Bank & Trust Employees Pension Plan</u>	EIN:	<u>45-0279825</u>
Plan Sponsor's Name	<u>FIRST WESTERN BANK & TRUST</u>	PN:	<u>001</u>

The assumed retirement age is:

Normal retirement age 65.

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2022

Effective: 5.52%

Late Quarterly: 10.52%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
01/26/2022	\$107,500	-395	0	\$107,105
08/01/2022	\$2,159,256	-66,345	0	\$2,092,911
	<u>\$2,266,756</u>			<u>\$2,200,016</u>

Name of Plan: First Western Bank & Trust Employee
Plan Sponsor's EIN: 45-0279825
Plan Number: 001
Plan Sponsor's Name: FIRST WESTERN BANK & TRUST

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

<u>Eligibility Requirements</u>	<u>Service/Participation Requirements</u>	<u>Plan Effective Date:</u> 01/01/1972
Age (yrs) : 21	Definition of years: Hours worked	
Age (months) : 0	Continuing hours: 1,000	
Wait (months) : 12	Excluded classes: Union Members	
	Non-resident alien	
	Other	

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65				21
Service:	0				0
Participation:	0				1
Defined:	1st of month following				Date of event

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Rates - Male:	N/A	N/A	N/A	
Rates - Female:	N/A	N/A	N/A	

Plan Actuarial Equivalence

Pre-retirement Mortality :	N/A	Setback :	None
Post-retirement Mortality :	1983 GATT	Setback :	None
Pre-retirement Interest :	7.50%		
Post-retirement Interest :	6.00%		

Use Social Security Retirement Age:	No	Pre-retirement death benefit	
Vesting Schedule:	3/20	Percentage of accrued benefit:	100.00%
Vesting Definition:	Hours Worked	Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	1.35% Fresh Start		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2004		
 Unit type:	 Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	1.350%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:	 		
 Total years:	 99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Service

Accrual

Frozen:	Cease at valuation date	Fractions based on:	N/A										
Definition of years:	Hours worked												
 Accrual credit:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Continuing</u></td> <td style="text-align: center;"><u>Died</u></td> <td style="text-align: center;"><u>Disabled</u></td> <td style="text-align: center;"><u>Retired</u></td> <td style="text-align: center;"><u>Terminated</u></td> </tr> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> <td style="text-align: center;">1000</td> </tr> </table>	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	1000	1000	1000	1000	1000	Precision:	N/A
<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>									
1000	1000	1000	1000	1000									
		Limit current credit to:	N/A										
 Years based on:	Participation	Cap/floor years:	0										
Maximum past accrual years:	0.0000	Cap or floor:	Floor										
Method:	Unit accrual	Accrual % per year:	0.00%										
		Apply 415 before accrual:	No										

Frozen Benefits

Fresh Start Date:	01/01/2004	Fresh start approach	No wear away
Apply increase to frozen compensation:	Yes	Reduce years and/or caps by frozen years:	Yes
Selected Formula:	N/A		

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	.5% New Formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2014		
 Unit type:	 Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.500%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
 Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date					Fractions based on:	N/A
Definition of years:	Hours worked						
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
 Years based on:	Participation					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % per year:	0.00%
						Apply 415 before accrual:	No

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	GF Frozen		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2004		
 Unit type:	 Percent		
Unit based on:	Service		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.000%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
 Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date					Fractions based on:	N/A
Definition of years:	Hours worked						
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
 Years based on:	Service					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % per year:	0.00%
						Apply 415 before accrual:	No

Attachment to Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name	First Western Bank & Trust Employees Pension Plan	EIN:	45-0279825
Plan Sponsor's Name	FIRST WESTERN BANK & TRUST	PN:	001

Benefits

Pension Formula:	Excluded		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2014		
 Unit type:	 Percent		
Unit based on:	Accrual		
Maximum total percent:	0.00%		
Tiers based on:	None		
First tier:	0.000%	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
 Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	Cease at valuation date					Fractions based on:	N/A
Definition of years:	Hours worked						
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	N/A
	1000	1000	1000	1000	1000	Limit current credit to:	N/A
 Years based on:	Participation					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % per year:	0.00%
						Apply 415 before accrual:	No