

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here []
E 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 SCALLEY READING BATES HANSEN & RASMUSSEN, PC 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/2007
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) SCALLEY READING BATES HANSEN & RASMUSSEN, PC 15 WEST SOUTH TEMPLE #600 SALT LAKE CITY, UT 84101
2b Employer Identification Number (EIN) 87-0290323
2c Sponsor's telephone number 801-531-7870
2d Business code (see instructions) 541110
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
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
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 42
b Total number of participants at the end of the plan year 42
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 37
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 36
d(1) Total number of active participants at the beginning of the plan year 31
d(2) Total number of active participants at the end of the plan year 31
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 1

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for plan administrator and employer/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 _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5615157	6425883
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5615157	6425883
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	238466	
(2) Participants	8a(2)	111609	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	742054	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1092129
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	280865	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	538	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		281403
i Net income (loss) (subtract line 8h from line 8c)	8i		810726
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: 2E 2F 2G 2J 2T 3D
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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		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		X	
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		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		39789
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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 11 blank and complete line 12 below. Yes No

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

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

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

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)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729A.

E-SIGNATURE AUTHORIZATION

for

**Scalley Reading Bates Hansen & Rasmussen, PC 401(k) Plan
87-0290323/001**

For Plan Year 01/01/2024 through 12/31/2024

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Pensions West to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

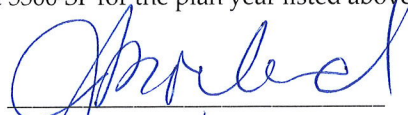
- A manually signed and dated Form 5500-SF that has been provided must be returned to Pensions West before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Pensions West will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Pensions West will maintain a copy of this written authorization in its records.
- Pensions West will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Pensions West shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.



Plan Administrator

3/4/2025

Date



Plan Sponsor

3/4/25

Date

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 section 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

2024

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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ▶

E 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 Scalley Reading Bates Hansen & Rasmussen, PC 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
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) Scalley Reading Bates Hansen & Rasmussen, PC 15 West South Temple #600 US Salt Lake City UT 84101	1c Effective date of plan 09/01/2007
	2b Employer Identification Number (EIN) 87-0290323
	2c Sponsor's telephone number (801) 531-7870
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	2d Business code (see instructions) 541110
	3b Administrator's EIN
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	3c Administrator's telephone number
	4b EIN
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) c(2) 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	4d PN
	5a 42
	5b 42
	5c(1) 37
	5c(2) 36
5d(1) 31	
5d(2) 31	
5e 1	

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		<u>3/4/2025</u>	Scott N Rasmussen
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>3/4/2025</u>	Scott N Rasmussen
	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 year _____ . (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	5,615,157	6,425,883
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	5,615,157	6,425,883
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	238,466	
	(2) Participants	111,609	
	(3) Others (including rollovers)		
b	Other income (loss)	742,054	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1,092,129
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	280,865	
e	Certain deemed and/or corrective distributions (see instructions) ...		
f	Administrative service providers (salaries, fees, commissions)	0	
g	Other expenses	538	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		281,403
i	Net income (loss) (subtract line 8h from line 8c)		810,726
j	Transfers to (from) the plan (see instructions)		

- 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:
2E 2F 2G 2J 2T 3D
- 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		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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		39,789
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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 11 blank and complete line 12 below Yes No

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

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 the 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**

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)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729a.



Fee Payment Authorization

(for payments to American Funds, TPAs or third parties)

Use this form to authorize or modify payments from plan assets to American Funds, your third-party administrator (TPA) or another third-party. This form can also be used to discontinue ongoing payments. To request or discontinue payments to your plan's financial professional, submit the PlanPremier Financial Professional Fee Payment Authorization form.

1 Plan information

Scalley Reading Bates Hansen & Rasmussen, PC 401(k) Plan 1354761-01
Plan name Plan ID number
Jaclyn Boulard (801) 531-7870 Ext.
Name of primary plan contact Daytime phone

2 Payee information
Complete a separate form for each payee.

Note: TPA fee payment instructions are established at the firm level via the Fee Remittance Instructions form. To verify if instructions are on file, call us at (877) 872-5159.

Payment should be sent to:

American Funds (complete Section 3 for one-time payments and Section 4-A for recurring payments)
Plan sponsor* [X] Third-party administrator (per plan information on file) [] Other* (provide information below):
Pensions West 680527623
Firm/payee name EIN/TIN
1072 Cutter Lane Park City UT 84098
Address City State ZIP

* Plan sponsor and "Other" payees must complete a W-9 form, which can be downloaded from www.irs.gov. Attach the W-9 form to this request.

3 One-time payment

If the amount requested exceeds the available funds, we will process the recovery for the maximum amount available. The amounts available for processing from the forfeiture, UPA4, UPA2, and other plan level accounts can be found in the Plan Service Center in the Plan Overview tab.

Note: One-time payments are processed upon the receipt of this form. TPA payments are issued with the next scheduled monthly payment. All other one-time payments are sent within 11 business days.

Account to be used for one-time payment:

A. Plan forfeiture account (Fees will be prorated across all available forfeiture money types that can be used to pay plan expenses.)

Dollar amount: \$ _____

B. Plan recapture account (UPA4)

[] Dollar amount: \$ _____

OR

[] Basis points: _____ Provide basis points in whole numbers (e.g., 50 basis points = 0.50%). Basis points specified will be multiplied by the balance of each participant's account and all other plan level account balances on the recordkeeping system as of the date the payment is calculated.

Note: If the amount exceeds the available funds in the plan recapture account (UPA4), the remaining amount will be taken from the plan net credit account (UPA2).



3 One-time payment
(continued)

C. Plan net credit account (UPA2)

Dollar amount: \$ 1,000.00

D. Other plan-level account

Account type: _____ Money type to debit: _____

Dollar amount: \$ _____

E. Participant accounts

Deduct payments from:

All participant accounts

OR

Terminated participant accounts only (The employer will pay the share of expenses attributable to active participants.)

Fee amount: Indicate the method and amount of the requested **one-time** payment.

Basis points: _____. Provide basis points in whole numbers (e.g., 50 basis points = 0.50%). The rate will be multiplied by the balance of each participant's account as of the date the payment is calculated.

Flat dollar amount per plan (assessed pro rata): \$ _____. Amount specified will be divided proportionally among the participants in the plan based on their account balances on the day the payment is calculated.

Flat dollar amount per plan (assessed per capita): \$ _____. Amount specified will be divided equally among participants with balances in the plan on the day the payment is calculated. If the amount exceeds a participant's available account balance, the recovery will be limited to the funds available in that account.

Flat dollar amount per participant: \$ _____. Amount specified will be taken from each participant with a balance in the plan on the day the payment is calculated. If the amount exceeds a participant's available account balance, the recovery will be limited to the funds available in that account.

4 Ongoing payments from participant accounts

If the amount requested exceeds the available funds, we will process the recovery for the maximum amount available. Ongoing payment requests are valid until we receive a request to discontinue the payment or there is a change to the plan's TPA, if applicable.

Based on fee disclosure regulations, you are generally required to provide plan participants 30–90 days' notice prior to initiating and/or modifying fee payments from participant accounts. As a result, this request may require notice to participants. If you would like us to update the plan's fee disclosure document and provide a participant change notice to the plan sponsor, submit the *PlanPremier Fee Disclosure Customization Request* form.

A. Fees invoiced by American Funds

Fees will be systematically recovered from participant accounts on an ongoing calendar quarter basis. Select one:

1. Flat dollar amount per plan (assessed pro rata). Amount specified will be divided proportionally among the participants in the plan on the day of payment based on their average daily account balances during the calendar quarter.
 - Check this box to debit forfeiture accounts first. Amount specified will be prorated across all forfeiture money types that can be used to pay plan expenses. If there are insufficient funds in the forfeiture accounts, the remaining amounts will be taken from participant accounts.
2. Flat dollar amount per plan (assessed per capita). Amount specified will be divided equally among participants with balances in the plan on the day the payment is calculated. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.
 - Check this box to debit forfeiture accounts first. Amount specified will be prorated across all forfeiture money types that can be used to pay plan expenses. If there are insufficient funds in the forfeiture accounts, the remaining amounts will be taken from participant accounts.

Payment schedule: Select the quarter to begin ongoing payments. Check one:

- Q1 - Form must be received by 5/15 for July payment Q2 - Form must be received by 8/15 for October payment
 Q3 - Form must be received by 11/15 for January payment Q4 - Form must be received by 2/15 for April payment

- Notes:**
- Invoices are generated approximately 75 days following quarter end. For example, a first quarter invoice will be delivered to the plan sponsor in June. Fee debiting will occur in July.
 - In the event the requested amount is unavailable, the outstanding balance will be carried forward to the next invoice.

B. Other ongoing payments

Deduct payments from:

- All participant accounts

OR

- Terminated participant accounts only (The employer will pay the share of expenses attributable to active participants.)

Fee amount: Indicate the fee amount that should be recovered **annually** from participant accounts.

(Amounts will be converted into quarterly recoveries.) Select one option.

1. Basis points: _____ (per year). Provide basis points in whole numbers (e.g., 50 basis points = 0.50% annually). The adjusted quarterly rate will be multiplied by the average daily balance for the calendar quarter of all participants on the recordkeeping system as of the payment date.
2. Flat dollar amount per plan (assessed pro rata): \$ _____ (per year). Amount specified will be divided proportionally among the participants in the plan on the day of payment based on their average daily account balances during the calendar quarter.
 - Check this box to debit forfeiture accounts first. Amount specified will be prorated across all forfeiture money types that can be used to pay plan expenses. If there are insufficient funds in the forfeiture accounts, the remaining amounts will be taken from participant accounts.

Continued on next page



4 Ongoing payments from participant accounts

(continued)

3. Flat dollar amount per plan (assessed per capita): \$ _____ (per year). Amount specified will be divided equally among participants with balances in the plan on the day the payment is calculated. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.
- Check this box to debit forfeiture accounts first. The request will be prorated across all forfeiture money types that can be used to pay plan expenses. If there are insufficient funds in the forfeiture accounts, the remaining amounts will be taken from participant accounts.
4. Flat dollar amount per participant: \$ _____ (per year). Amount specified will be taken from each participant with a balance in the plan on the day the payment is calculated. If the amount exceeds a participant account balance, the recovery will be limited to the funds available in that account.

Payment schedule: Select the quarter to begin ongoing payments. Check one:

- Q1 - Form must be received by 3/15 for April payment Q2 - Form must be received by 6/15 for July payment
- Q3 - Form must be received by 9/15 for October payment Q4 - Form must be received by 12/15 for January payment

Note: Payments to TPAs are sent on the 9th business day after quarter end in conjunction with the regularly scheduled monthly payment. All other payments are sent within 2 business days following the end of each calendar quarter.

5 Ongoing payments from the plan recapture account — for plans in share classes R-2, R-2E, R-3 or R-4

This section should only be completed if the plan has previously elected compensation recapture via the PlanPremier-TPA Compensation Recapture Setup form. Ongoing payment requests are valid until we receive a request to discontinue the payment or there is a change to the plan's TPA, if applicable.

If the amount requested exceeds the available funds in the plan compensation recapture account (UPA4), the remaining amount will be taken from the plan net credit (UPA2) account. If the amount requested exceeds the available funds in UPA4 and UPA2 accounts, we will process the recovery for the maximum amount available. The amounts available for processing in the UPA4 and UPA2 accounts can be found on the Plan Service Center in the Plan Overview tab.

A. Ongoing payments

Fees will be paid from the plan compensation recapture account on a quarterly basis as indicated below.

Fee amount: Indicate the fee amount that should be recovered annually from the plan compensation recapture account. (Amounts will be converted into quarterly recoveries.) Select one option.

Dollar amount: \$ _____ (per year).

OR

Basis points: _____ (per year). Provide basis points in whole numbers (e.g., 50 basis points = 0.50% annually). The adjusted quarterly rate will be multiplied by the average daily balance of each participant's account and all other plan level account balances on the American Funds recordkeeping system during the calendar quarter.

Payment schedule: Select the quarter to begin ongoing payments. Check one:

- Q1 - Form must be received by 3/15 for May payment Q2 - Form must be received by 6/15 for August payment
- Q3 - Form must be received by 9/15 for November payment Q4 - Form must be received by 12/15 for February payment



6 Fee deduction discontinuation

Note: Based on fee disclosure regulations, you are generally required to provide plan participants 30-90 days' notice prior to initiating and/or modifying fee payments from participant accounts. As a result, this request may require notice to participants. If you would like us to update the plan's fee disclosure document and provide a participant change notice to the plan sponsor, submit the *PlanPremier Fee Disclosure Customization Request* form.

- Fees invoiced by American Funds
- TPA ongoing fees
- Other ongoing fees: _____

This form must be received prior to the 20th day of the last month of the calendar quarter for payment to be stopped that quarter.

7 Authorization — required

As authorized signer of the plan, I certify that these payment instructions are in accordance with the terms of the plan and that the recordkeeper is entitled to rely on my authorization and is hereby indemnified from all liability arising from following the instructions provided on this form. All assets held in employer stock, self-directed brokerage accounts and any assets held outside of the recordkeeping system will be excluded from payment calculations. I understand that any ongoing payment instructions requested in this form shall remain in effect until I provide written instructions to modify or discontinue these payments or there is a change to the plan's TPA (if applicable). If necessary, the plan's participant fee disclosure document will be updated and any required notice provided to participants. (See the *PlanPremier Fee Disclosure Customization Request* form.)

<i>Jaclyn Boulard</i>	X <i>J Boulard</i>	3, 4, 2025
Name of authorized plan sponsor signer (print)	Signature of authorized plan sponsor	Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

**If you have any questions about this form, call us at (877) 872-5159.
Please attach this to your service request in the Plan Management Portal.**

