



INSTRUCTIONS FOR PROVIDING CENSUS INFORMATION

Each year, you are required to provide us important information about your employees and plan participants. This information is necessary to properly perform compliance testing and complete government forms. If you need assistance while completing your census information, please contact your plan consultant.

FILE FORMATTING

- + Your census information should be provided in an electronic format, such as an Excel file (.xls, .xlsx) or a text file with comma-separated values (.csv). Most accounting programs can create this spreadsheet automatically.
- + The most secure method of transmitting plan data is through our portal website. We prefer that you submit your files via the website rather than emailing them to our offices in order to protect the confidential nature of the information submitted.
- + Your file should contain the fields shown below. In this example, we also provide you with our preferred formatting of the data elements.
- + Your data fields can be in a different order so long as all the data is included.

| SSN | FIRST NAME | LAST NAME | ADDRESS | CITY | ST | ZIP | EMAIL | DATE OF BIRTH | ORIGINAL DATE OF HIRE | DATE OF TERM | REHIRE DATE | PAID HOURS | PLAN COMP. | ANNUAL LOAN PMT. | EE PRE-TAX CONTRBS | EE ROTH CONTRBS | ER CONTRBS |
|-------------|------------|-----------|----------|------|----|-------|---------|---------------|-----------------------|--------------|-------------|------------|------------|------------------|--------------------|-----------------|------------|
| 123-45-6789 | Sample | Smith | 123 Main | Ely | NV | 89301 | s@ab.us | 1/1/1960 | 1/1/1995 | | | 2000 | 40000.00 | 0.00 | 500.00 | 500.00 | 3000.00 |

DEFINITION OF TERMS

- + **Date of Term:** If a participant terminated employment during the year due to disability, death or retirement, please indicate this as it will impact vesting and contribution allocations.
- + **Paid Hours:** Please include all hours credited to the employee, including vacation, holiday and sick leave (if paid).
- + **Employer Contribs:** If the company has already deposited an amount to the plan for each employee (or has already determined the amount it will contribute), indicate this amount in this column.
- + **Rehired Employees:** If an employee was rehired during the year, also include original date of hire, previous date of termination, date of rehire, and hours worked for each plan year (if this information was not previously supplied to us).
- + **Plan Compensation:** Please provide plan compensation as it is defined in your plan document. Plan compensation now excludes post-severance compensation paid after the later of 2½ months or the end of the plan year.

SUBMITTING DATA

After you have completed this information, save your file. It should have one of the following file extensions: .xls, .xlsx, .txt, .csv, or .odf. Login to your portal and click Upload Document. A notification will be sent to your plan consultant when you are complete.



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