

RABBI TRUST IMPLEMENTATION GUIDE

1. Company Board of Directors passes resolution establishing Salary Continuation Plan or similar unfunded deferred compensation plan.
2. Board of Directors approves agreements for each Plan participant.
3. Board of Directors appoints Ascensus Trust as Trustee. Board also designates Company representatives who are authorized to provide notices and/or directions to the Trustee.
4. Company officer completes, signs & witnesses two Ascensus Trust trust agreements for each Trust. List on Schedule A any life insurance policies, annuity contracts, stock certificates, CD's, etc. to be put in trust immediately. Complete Schedule B.
5. Complete the Customer Identification Worksheet, Exhibit A. This form is signed by the Financial Advisor, Consultant, Agent or Attorney, not by the Company.
6. **Send the following items, along with Case Transmittal (attached), to Ascensus Trust:**
 - a. Two copies of the Ascensus Trust trust agreement, for each trust, completed, signed and witnessed.
 - b. Completed Customer Identification Worksheet (this form is signed by the Financial Advisor, Consultant, Agent or Attorney, not by the Company).
 - c. A check payable to Ascensus Trust for the annual trustee fees and set up fee.
 - d. Copies of applications or original owner/beneficiary change forms along with any assets to be transferred and held by the Trustee (i.e. life insurance policies, annuity contracts, stock certificates, CD's, etc.).
 - If existing life insurance policies and/or annuity contracts are to be placed in the trust, forward ownership change forms naming Ascensus Trust as the new owner and beneficiary.
 - If new life insurance policies and/or annuity contracts are to be used, list Ascensus Trust as owner and beneficiary on the application.

Instructions for completing insurance and investment applications:

- Use the Company's tax identification number unless the IRS has already issued the trust a tax identification number.
 - Owner and beneficiary should appear as: Ascensus Trust TTEE FBO _____ (Company Plan Name) UTA Dated _____
 - The address of record should always be as follows:
Ascensus Trust
PO Box 10699
Fargo, ND 58106-0699
 - An individual designated in the Letter of Authority may sign insurance/investment applications for Ascensus Trust as authorized in Section 2.3 of the trust agreement.
- e. Two copies of the Memorandum of Understanding, completed and signed.
 - f. Letter of Authority designating company representatives authorized to provide notices and/or directions, with sample signatures.
 - g. Completed and signed W-9 Form.
7. Ascensus Trust will contact the agent or attorney with questions on the initial set-up of the trust. The Company will be contacted directly regarding on-going administration.

8. Company sends ERISA Labor Department Notification to the Employee Benefits Security Administration if this is a new plan.

Exhibit A

Dear Financial Professional:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person¹ who opens an account. Since you are Ascensus Trust's direct line of contact with our customers we need your help in obtaining this information.

There are three important steps we need you to follow before we can complete the account setup process.

- 1.) Please provide the company with Ascensus Trust's Customer Verification Notice.
- 2.) Fill out the attached Customer Identification Worksheet.
- 3.) Sign and date the attached Customer Identification Worksheet and return it to Ascensus Trust.

Thank you in advance for your help.

Sincerely,

Andie Hensler

Andie Hensler
Compliance Manager

¹ Person as defined by 31 CFR 103.11(z) includes individuals, corporations, partnerships, trusts, estates, joint stock companies, associations, syndicates, joint ventures, other unincorporated organizations or groups, certain Indian Tribes and all entities cognizable as legal personalities.

Ascensus Trust Customer Verification Notice
Rabbi Trust

CUSTOMER NOTICE
Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Ascensus Trust Customer Identification Worksheet
Rabbi Trust

Name of Company _____

Tax Payer ID _____

Physical Address _____

In addition to obtaining the information above, I have provided the company with a copy of Ascensus Trust's Customer Verification Notice.

Signature*

Title/Company Name

Print Name

Date

This document may be mailed along with your signed trust agreement package, faxed to Ascensus Trust attention Specialty Trust Department at 800-591-2564 or emailed to SpecialtyTrust@AscensusTrust.com.

*Signed by Financial Advisor, Consultant, Agent or Attorney, not by the Company.

RABBI TRUST CASE TRANSMITTAL

Date Submitted _____

Date Received by
Ascensus Trust _____

Company/Employer Name _____ Phone _____

Employer Tax ID Number (For tax reporting purposes) _____

Service Agent _____ Phone _____

Email Address: _____ Fax _____

Mailing Address _____

Agency _____

The following must be included with this transmittal:

- Two copies of the Ascensus Trust Rabbi Trust agreement, completed, signed & witnessed. (Be sure to complete Schedules A and B.)
- Completed Customer Identification Worksheet (this form is signed by the Financial Advisor, Consultant, Agent or Attorney, not by the Company.)
- Two copies of the Memorandum of Understanding, completed and signed.
- Letter of Authority designating company representatives authorized to provide notices and/or directions, with sample signatures.
- A check payable to Ascensus Trust for the annual trustee fee(s) and set up fee.
- Copies of Insurance/Investment applications or original owner/beneficiary change forms.
- Any property to be transferred and held by the Trustee (ex. existing insurance policies, annuity certificates, stock certificates, CD's, etc.)
- Completed W-9 Form.

Please email all completed forms to SpecialtyTrust@AscensusTrust.com or mail to:

Ascensus Trust
Attn: Specialty Trust
PO Box 10699
1126 Westrac Drive
Fargo, ND 58103

(Company Letterhead)
LETTER OF AUTHORITY

Date _____

Trust Administrator
Ascensus Trust Company
PO Box 10699
Fargo, ND 58106-0699

Re: Rabbi Trust for _____
(Company Name)

(Company Address)

Dear Trust Administrator:

As a duly authorized officer of _____, I hereby advise you that **the following**
(Company Name)

Company representatives, whose signatures are set forth beside their names, are designated to provide notices and/or directions in accordance with Trust agreement sections 2.4, 2.5, 3.2, 3.6, 4.1, 4.3, and 5.1:

<u>Name</u>	<u>Title</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual billings for trustee fees are to be sent to the attention of:

Name _____ Email Address _____

Title _____ Phone Number _____

Periodic reminders or billings for life insurance premiums and/or investment contributions, are to be sent to:

Name _____ Email Address _____

Title _____ Phone Number _____

Company Fiscal Year End _____

Company EIN _____

If any of the above information changes, I will promptly provide new information.

Signed _____

Title _____

SPECIMEN

ERISA LABOR DEPARTMENT NOTIFICATION

Date _____

To: Employee Benefits Security Administration
Labor Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

From: Employer _____

Employer ID Number _____

Address _____

This document constitutes the statement required by 29 C.F.R. Sect. 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to Non-qualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains _____ Non-qualified Salary Continuation Plan(s) for executives who are members of a select group of management employees who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 _____

Plan 2 _____

Plan 3 _____

Plan Administrator

Title

Employer