

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 11104

Amended Confirmation Number:

Employer Information

Name: GreerWalker LLP  
Address: 227 West Trade Street Suite 1100  
City: Charlotte  
State: NC  
Zip Code: 28202

Plan Administrator Information

Name: GreerWalker LLP John Norman  
Address: 227 West Trade Street Suite 1100  
City: Charlotte  
State: NC  
Zip Code: 28202  
Phone: 7043770239  
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Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Selected Management Deferred Compensation	Number of
		Plan	Employees: 4

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 11104. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.