

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

Date Completed: 7/13/2023 10:12 PM EST

Confirmation Number: 11807

Amended Confirmation Number:

Employer Information

Name: PostCity Financial Credit Union  
Address: 3738 Bayer Ave. Suite 102  
City: Long Beach  
State: CA  
Zip Code: 90808

Plan Administrator Information

Name: PostCity Financial Credit Union  
Address: 3738 Bayer Ave. Suite 102  
City: Long Beach  
State: CA  
Zip Code: 90808  
Phone: 5624986057  
Email: christineh@postcitycu.org

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: PostCity Financial Credit Union | Number of Employees: 2 |
|------|--|------------------------|

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 11807. 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.