

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: 11880

Amended Confirmation Number:

Employer Information

Name: Korn Ferry
Address: 1900 Avenue of the Stars
City: Los Angeles
State: CA
Zip Code: 90067

Plan Administrator Information

Name: Brian Bloom
Address: 1900 Avenue of the Stars
City: Los Angeles
State: CA
Zip Code: 90067
Phone: 3108434132
Email: brian.bloom@kornferry.com

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:	Korn Ferry Executive Capital Accumulation Plan	Number of Employees: 256
ID:2	Plan Name:	Korn Ferry Long Term Performance Unit Plan	Number of Employees: 360

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 11880. 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.