

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: 13540

Amended Confirmation Number:

Employer Information

Name: MORGANTON SAVINGS BANK, SSB  
Address: PO BOX 1509  
City: MORGANTON  
State: NC  
Zip Code: 28680

Plan Administrator Information

Name: LISA P BUFF AYOTTE  
Address: PO BOX 1509  
City: MORGANTON  
State: NC  
Zip Code: 28680  
Phone: 8284371426  
Email: lbuffayotte@morgantonsavings.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:	MORGANTON SAVINGS BANK, SSB	Number of
		SUPPLEMENTAL RETIREMENT PLAN FOR	Employees: 1
		MICHAEL P. AYOTTE	

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 13540. 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.