

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

Date Completed: 9/18/2024 10:35 AM EST

Confirmation Number: 13701

Amended Confirmation Number:

Employer Information

Name: Workers Credit Union
Address: 119 Russell Street
City: Littleton
State: MA
Zip Code: 01460

Plan Administrator Information

Name: Workers Credit Union
Address: 119 Russell Street
City: Littleton
State: MA
Zip Code: 01460
Phone: 9783451021
Email: vanessa.walpole@swmlp.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:	Supplemental Deferred Compensation Agreement	Number of Employees: 1
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Additional Information:

Effective September 11, 2024, Workers Credit Union implemented a plan primarily for the purpose of providing deferred compensation for a highly compensated employee who is a member of select group of management .



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 13701. 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.