

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

Date Completed: 12/27/2024 10:58 AM EST

Confirmation Number: 14218

Amended Confirmation Number:

Employer Information

Name: Provident Bank
Address: P.O. Box 1001
City: Iselin
State: NJ
Zip Code: 08830

Plan Administrator Information

Name: Benefits Director
Address: P.O. Box 1001
City: Iselin
State: NJ
Zip Code: 08830
Phone: 7325909200
Email: benefits@provident.bank

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:	Provident Bank Non-Qualified Supplemental DC Plan	Number of Employees: 19
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Additional Information:

Number of employees indicates number of eligible participants at plan effective date.



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 14218. 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.