

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

Date Completed: 2/10/2025 6:19 PM EST

Confirmation Number: 14471

Amended Confirmation Number:

Employer Information

Name: Mission City Federal Credit Union  
Address: 1391 Franklin Street  
City: Santa Clara  
State: CA  
Zip Code: 95050

Plan Administrator Information

Name: Kamil Sakici  
Address: 1391 Franklin Street  
City: Santa Clara  
State: CA  
Zip Code: 95050  
Phone: 4085029741  
Email: kamil@missioncityfcu.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:	Mission City FCU 457(b) Plan	Number of Employees: 4
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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 14471. 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.