

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

Date Completed: 6/25/2025 4:22 PM EST

Confirmation Number: 15056

Amended Confirmation Number:

Employer Information

Name: Commonwealth Federal Credit Union
Address: 417 High Street
City: Frankfort
State: KY
Zip Code: 40601

Plan Administrator Information

Name: Commonwealth Federal Credit Union
Address: 417 High Street
City: Frankfort
State: KY
Zip Code: 40601
Phone: 5025644775
Email: lstinson@cwcu.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: Commonwealth CU 457(f) - 2025	Number of Employees: 1
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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 15056. 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.