

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

Date Completed: 8/2/2016 4:12 PM EST

Confirmation Number: 1607

Amended Confirmation Number:

Employer Information

Name: Van Wert Federal Savings Bank
Address: 976 S Shannon St
City: Van Wert State: OH Zip Code: 45891

Plan Administrator Information

Name: Van Wert Federal Savings Bank
Address: 976 S Shannon St
City: Van Wert State: OH Zip Code: 45891
Phone: 4192389662
Email: garyc@vanwertfederal.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:	Van Wert Federal Savings Bank Salary Continuation Agreement for Gary L. Clay	Number of Employees: 1
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Additional Information:

Alternative Reporting and Disclosure Statement for the Van Wert Federal Savings Bank Salary Continuation Agreement for Gary L. Clay, filed pursuant to 29 CFR 2520.104-23.



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 1607. 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.