

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

Date Completed: 1/2/2019 11:13 AM EST

Confirmation Number: 4570

Amended Confirmation Number:

Employer Information

Name: Alden State Bank
Address: 10564 Coy Street
City: Alden State: MI Zip Code: 49612

Plan Administrator Information

Name: Alden State Bank
Address: 10564 Coy Street
City: Alden State: MI Zip Code: 49612
Phone: 2313314481
Email: tlane@aldenbank.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: deferred comp	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 4570. 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.