

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

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Amended Confirmation Number:

Employer Information

Name: Arvest Bank
Address: P.O. Box 2136
City: Lowell State: AR Zip Code: 72745

Plan Administrator Information

Name: Michelle Van Schenck
Address: P.O. Box 2136
City: Lowell State: AR Zip Code: 72745
Phone: 4796211727
Email: mvanschenck@arvest.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:	Arvest Bank Group Executive Deferred Compensation Plan	Number of Employees: 26
ID:2	Plan Name:	Arvest Bank Group Special Deferred Compensation Plan	Number of Employees: 2

Additional Information:

The Plans identified in this filing benefit employees of Arvest Bank and Arvest Bank Operations, Inc. which are businesses under common control pursuant to Section 414(b) and (c) of the Internal Revenue Code. Arvest Bank serves as the Plan Administrator and is an authorized person from whom the Department of Labor may request plan documents under 29 CFR §2520.104-23(b)(2).



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 4959. 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.