

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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Confirmation Number: 5

Amended Confirmation Number:

Employer Information

Name: Southwestern University  
Address: 1001 E University Ave  
City: Georgetown State: TX Zip Code: 78626

Plan Administrator Information

Name: Southwestern University  
Address: 1001 E University Ave  
City: Georgetown State: TX Zip Code: 78626  
Phone: 5128631441  
Email: benavide@southwestern.edu

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:	Section 457(f) Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

Currently, the plan only has 1 employee-participant. However, the terms of the plan permit certain additional employees to participate.



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 5. 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.