

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

Date Completed: 10/8/2019 8:54 AM EST

Confirmation Number: 5609

Amended Confirmation Number:

Employer Information

Name: Santa Clara County Federal Credit Union  
Address: 1641 N. First Street, Suite 205  
City: San Jose  
State: CA  
Zip Code: 95112

Plan Administrator Information

Name: Santa Clara County Federal Credit Union  
Address: 1641 N. First Street, Suite 205  
City: San Jose  
State: CA  
Zip Code: 95112  
Phone: 4082820755  
Email: jpolverino@sccfcu.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:	Santa Clara County Federal Credit Union 457(f) Plan	Number of Employees: 4
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Additional Information:

effective date August 1 2019 total eligible employees 4 total participating employees  
4



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 5609. 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.