

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

Date Completed: 10/22/2021 3:29 PM EST

Confirmation Number: 8798

Amended Confirmation Number:

Employer Information

Name: AVITA Medical  
Address: 28159 AVENUE STANFORD STE 220  
City: VALENCIA  
State: CA  
Zip Code: 91355

Plan Administrator Information

Name: American Financial Systems, Inc. (Deferral.com)  
Address: 404 Wyman Street, Suite 100  
City: Waltham  
State: MA  
Zip Code: 02451  
Phone: 7818104103  
Email: mroschen@deferral.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: Avita NQDC Plan	Number of Employees: 16
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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 8798. 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.