

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

Date Completed: 2/23/2022 12:52 PM EST

Confirmation Number: 9459

Amended Confirmation Number:

Employer Information

Name: Enterprise Credit Union  
Address: 15850 West Bluemound Road Suite#100  
City: Brookfield  
State: WI  
Zip Code: 53005

Plan Administrator Information

Name: Board of Directors  
Address: 15850 West Bluemound Road  
City: Brookfield  
State: WI  
Zip Code: 53005  
Phone: 2627976272  
Email: j.bashaw@enterprisecu.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: 457(f)	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 9459. 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.