



**THE FARMERS BANK**

*Established in 1912*

2520150935892

March 24, 2015

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, D.C. 20210

Dear Sir or Madam:


Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified deferred compensation agreement sponsored by our organization for a select group of management or highly compensated employees.

Salary Continuation Agreements

- |    |   |   |
|----|---|---|
| 1. | Name of the employer:                           | Farmers Bank                            |
| 2. | Mailing address of the employer:                | 120 Village Drive<br>Portland, TN 37148 |
| 3. | Employer=s Federal Identification Number (EIN): | 62-0197640                              |
| 4. | Number of plans maintained:                     | One                                     |
| 5. | Number of participants in each plan:            | Nine                                    |
| 6. | Date plan was implemented:                      | January 1, 2015                         |

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1). Please contact us if you have any questions on any of the above information.

Sincerely,

By: 



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Date Accepted (MM/DD/YYYY) 4/22/15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Return Receipt Fee \$	Live Animal Transportation Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Total Postage & Fees \$	
Weight lbs.	Sunday/Holiday Premium Fee \$		
	Acceptance Employee Initials R		

**DELIVERY (POSTAL SERVICE USE ONLY)**

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Delivery Attempt (MM/DD/YYYY) Time AM PM	Employee Signature

LABEL 11-B, JANUARY 2014

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