



William J. Schoch
President & CEO

November 16, 2015

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Western Payments Alliance
2. The mailing address of the Employer is: 300 Montgomery Street, Suite 400, San Francisco, CA 94104
3. The Employer Identification Number is: 23-7240059
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan: One Plan, covering six Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Western Payments Alliance
A California Corporation

A handwritten signature in black ink, appearing to read "WJ Schoch", written over a horizontal line.

By: _____
Authorized Person

Dated: November 16, 2015



300 Montgomery Street, Suite 400
San Francisco, CA 94104-1915

SAN FRANCISCO CA 9410



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RETURN SERVICE REQUESTED

