DOANE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

Summary of Material Modifications

Employer Identification No. 47-0377991
Plan No. 001

This document provides a summary of amendments the Employer has made to the Plan. You should keep this document with your Summary Plan Description. You may want to mark the sections of your Summary Plan Description that have changed so that you will refer to this Summary of Material Modifications when reviewing those sections.

Section 13 of your Summary Plan Description is amended to read as follows:

13. Rights of Uniformed Services Personnel. The Plan provides certain rights for Participants absent from employment due to Uniformed Services Leave. Uniform Service Leave means service in the military or the reserves. These rights are governed by the Uniformed Services Employment and Reemployment Rights Act ("USERRA"). To qualify, you must apply for reemployment under USERRA within a short time following your military leave. If you qualify, you may make Elective Deferrals in the amount that could have been made during your leave. You must contribute these "makeup contributions" between the date of your reemployment and the lesser of 5 years or 3 times your Uniformed Services Leave. The Employer will make Employer Matching Contributions on your makeup contributions. You can receive service credit for eligibility and vesting for the Uniformed Services Leave. You should contact the Business Office for more information before a Uniformed Services Leave and after reemployment.

Effective January 1, 2007, if you die while performing qualified military service, your beneficiary will receive the benefits (other than Employer Matching Contributions relating to the period of qualified military service) that he or she would otherwise receive if you had resumed and then terminated employment on account of death. You should contact the Plan Administrator if you have any questions regarding these rights.

Paragraph (b) of Section 24 of your Summary Plan Description is amended to read as follows:

(b) **Claims for benefits that arise from Disability**. You may make a claim for benefits that arise from Disability under this subsection. You must submit a written claim for benefits to the Committee. It will generally respond within 45 days. However, the Committee may determine that circumstances require additional time to process the claim. It may extend the response date by two 30-day periods. For the first extension, it must notify you in writing before the end of the initial 45-day period. The notice must state the factors beyond the Committee's control that require an extension. For the second 30-day extension, the Committee will follow the same general procedure. It must provide the notice before the end of the first 30-day period. The notices for extension must specifically explain the standards for entitlement to a benefit.

They will explain any unresolved issues that prevent a decision on the claim and will list the additional information needed to resolve the issues. You will have 45 days to provide the specified information.

If the Committee denies part of or the entire claim, it will notify you in writing or electronically. The notification will contain information related to the denial. It will include the Committee's specific reason(s) for denying the claim and will reference the specific provisions of the Plan upon which it denied the claim. It will explain why the Committee needs any additional information. The notification will explain the Plan's review procedures and the time limits applicable to the procedures. It will contain a statement of your right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review. The Committee will also describe any internal rule, guideline, protocol, or similar criterion it relied upon. Alternatively, the notice may include a statement that you may request and receive a copy of the criteria free of charge.

If the Committee denies part or the entire Disability claim, you will have the opportunity for a full and fair review. The Committee will perform this review. You begin the appeal by filing a written notice within 180 days after receiving the Committee's denial. You can submit written comments, documents, or records. The Committee will provide you reasonable access to other relevant information. Applicable ERISA regulations define the information relevant to a claim for benefits. The Committee will provide these materials upon request free of charge. It will consider all materials and information you submit relating to the claim. This includes information not submitted or considered in the initial review of the claim. The Committee's review will not give deference to the initial denial of the claim. An appropriate named fiduciary of the Committee will conduct the review. It will not be same individual who conducted the first review. It will not be the first individual's subordinate.

The Committee will consult a health care professional if the appeal involves medical judgment. The professional must have appropriate training and experience in the relevant field of medicine. The Committee may obtain advice from any other medical or vocational expert. It will provide you the names of the experts it consulted, even if the Committee did not rely on their advice. The Committee will not consult with the same health care professional who provided advice during the first review. It will also not consult with that health care professional's subordinates.

The Committee will respond to you in writing within 45 days after it receives the request for review. The Committee may determine that special circumstances require additional time for processing the claim. It can extend the response period up to an additional 45 days. To do so, it must notify you in writing before the end of the initial 45-day period. The notice of extension must set forth special circumstances for the delay and must also contain the date by which the Committee expects to render its decision.

The Committee's written response will provide the specific reason(s) for its decision and will reference specific provisions of the Plan upon which it based the denial. The notification will include a statement that the Committee will provide you access to other relevant information. Applicable ERISA regulations define the information relevant to a claim. The

Committee will provide these materials upon request free of charge. It will include a statement of your right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review. The notification will also describe any internal rule, guideline, protocol, or similar criterion the Committee relied upon. Alternatively, the notice may include a statement that you may request and receive a copy of the criteria free of charge. It will also contain the following statement: "You and your Committee may have other voluntary alternative dispute resolution options such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office."

Conclusion

Your Summary Plan Description and this Summary of Material Modifications are intended to briefly highlight the provisions of the Plan to help you understand how this plan will benefit you. Although the plan document is written in technical language, it, too, may help you understand the Plan. If a provision of this description conflicts with a Plan provision, the provision of the Plan controls. Therefore, you should rely solely on the provisions of the Plan. We invite you to consult with the Plan Administrator concerning the actual Plan.

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