

Election Form

Plan Name:

Personal Information		
Name (Printed): _____		
Date of Birth:	Date of Hire:	Social Security Number:

IF YOU ARE ONE OF THE HIGHLY COMPENSATED EMPLOYEES, YOU MAY BE LIMITED AS TO THE AMOUNT YOU MAY CONTRIBUTE. SEE THE PAYROLL MANAGER IF YOU HAVE QUESTIONS.

401(k) Contribution Election	
I wish to participate in the plan. I wish to contribute:	
_____ % per pay period	\$ _____ per pay period

Our plan allows "Catch-Up Contributions" for those participants age 50 or more. If you qualify and wish to make "Catch-up Contributions", IRS regulations allow you to exceed a plan imposed deferral limitation to the extent necessary to reach the IRS "Catch-Up" limit applicable to the year. See the Payroll Manager if you have questions.

I understand I have a duty to review my pay records (pay stub, direct deposit receipt, etc.) to confirm the Employer has properly implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Deferral Agreement applies, by the cut-off date for the next following payroll as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.



Participant Signature: _____

Dated: _____