

Election Form

Plan Name: _____

Personal Information		
Name: _____		
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: Effective for payroll ending: _____	
_____ % per pay period	\$ _____ per pay period

Bonus Amount Election	
I wish to contribute the following bonus amount: Effective for payroll ending: _____	
_____ % of bonus	\$ _____ of bonus

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.

 Participant Signature: _____ Dated: _____