

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 PRE-TAX	
I wish to participate in the plan. I wish to contribute PRE-TAX:	
Effective for payroll ending: _____	
_____ % per pay period	\$ _____ per pay period

401(k) Contribution Election POST-TAX ROTH	
I wish to participate in the plan. I wish to contribute POST-TAX Roth:	
Effective for payroll ending: _____	
_____ % 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: _____