

SALARY DEFERRAL ENROLLMENT/CHANGE FORM

Name of Employer/Plan \_\_\_\_\_

Please check one of the following:  New plan enrollment  Changes to existing election(s)

1 Employee Information (Please type or print clearly)

First name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ SSN \_\_\_\_\_

Residence address (physical address required — no P.O. boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from residence address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Date of hire (mm/dd/yyyy) \_\_\_\_\_ Marital Status  Married  Single

2 Employee Contributions - This salary deferral agreement remains in effect until I revoke or modify it. Modifications to the Agreement are permitted \_\_\_\_\_.

Regular Compensation. My total Compensation excluding bonuses and other irregular payments.

- I authorize my employer to withhold from my wages each pay period: Pre-tax contributions of \_\_\_\_\_% OR \$\_\_\_\_\_
I authorize my employer to withhold from my wages each pay period: After-tax ROTH contributions of \_\_\_\_\_% OR \$\_\_\_\_\_

Bonus/Commissions or other irregular payments. (If separate election is not made, the election for Regular Compensation will apply.)

- I do not wish to have deferrals withheld from my Bonus/Commissions or other irregular payments.
I authorize my employer to withhold from my Bonus/Commissions or other irregular payments: Pre-tax contributions of \_\_\_\_\_% OR \$\_\_\_\_\_
I authorize my employer to withhold from my Bonus/Commissions or other irregular payments: After-tax ROTH contributions of \_\_\_\_\_% OR \$\_\_\_\_\_

3 Decline Deferral -  I elect to have none of my salary deferred into the plan at this time.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the salary reduction amount. I have a duty to inform the Plan Administrator of any discrepancy found. Failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies by the cut-off date for the following payroll period will be considered acceptance of the amount actually withheld (including zero).

4 Effective date of change: \_\_\_\_\_

Authorization

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Signature of Plan Sponsor \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE PLAN SPONSOR