

SALARY DEFERRAL ELECTION
ENROLLMENT, CHANGE OR CANCELLATION

_____ (“Plan”)

1. PARTICIPANT INFORMATION		
Participant’s Name (Last, First, Middle Initial)	Social Security Number	Birthdate
2. PURPOSE OF THIS SALARY DEFERRAL ELECTION FORM		
<input type="checkbox"/> Initial enrollment	<input type="checkbox"/> Change of prior election	<input type="checkbox"/> Cancellation
Effective Date of election:		
3. SALARY DEFERRAL ELECTION		
<p>Subject to the requirements and limitations of the Plan, I elect to defer a portion of my eligible compensation (i.e., wages, salary, etc.) into the Plan each pay period, as follows:</p> <p><input type="checkbox"/> Non-Roth: _____% of compensation</p> <p><input type="checkbox"/> Roth: _____% of compensation</p> <p><input type="checkbox"/> Non-Roth: \$ _____</p> <p><input type="checkbox"/> Roth: \$ _____</p> <p>[For purposes of determining the amount of deferrals under the Plan, the Plan may exclude certain types of compensation. See your SPD or contact the Plan Administrator if you have questions regarding the definition of compensation used for deferral purposes under the Plan.]</p>		
4. CHANGES TO DEFERRAL AMOUNTS		
<p>The Employer agrees to contribute the amount designated above as salary deferrals into the appropriate accounts under the Plan. I understand that I may change or cancel my election by completing a new Salary Deferral Election form as authorized under the Plan’s deferral election procedures. I understand that my election will be processed in the time and manner provided in the Plan’s administrative procedures.</p> <p>[If you have questions regarding your ability to change or cancel an existing salary deferral election, please see your SPD or contact the Plan Administrator or other Plan representative.]</p>		
5. SIGNATURES		
PARTICIPANT SIGNATURE	DATE	
EMPLOYER SIGNATURE	DATE	