Name of the Plan: _____

Deferral Election Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security #: X X X-X X -_____

Marital Status: ☐ Married ☐ Single

Account or Plan Number: _____

Part II. Deferral Election: ☐ New ☐ Change

☐ I hereby authorize my Employer to reduce my salary ☐ annually or ☐ each pay period for:

- ☐ Pre-Tax Deferrals: I elect to reduce my salary by _____% or $_____, and contribute this amount as a pre-tax Elective Deferral.
- ☐ Roth Deferrals: I elect to reduce my salary by _____% or $_____, and contribute this amount as a designated Roth Deferral.
- ☐ Voluntary After-Tax Contributions: I elect to reduce my salary _____% or $_____, and contribute this amount as a Voluntary Employee (after-tax) Contribution.

☐ I do not wish to have any part of my pay contributed to the Plan.

Part III. Catch-Up Contributions Election: ☐ New ☐ Change

☐ I authorize my Employer to reduce my salary ☐ annually or ☐ each pay period.

☐ Age 50 Catch-Up Contributions: I elect to reduce my salary _____% or $_____, and contribute this amount as a:

- ☐ Pre-tax Elective Deferral
- ☐ Roth Deferral

Part IV. Election to Stop Deferral:

☐ I hereby authorize my Employer to stop my payroll deductions under the Plan. I understand that I may not reactivate my payroll deductions until the first day of the next election period.

- ☐ Pre-Tax Elective Deferrals
- ☐ Roth Deferrals
- ☐ Voluntary After-Tax Contributions
- ☐ Age 50 Catch-Up Contributions

Part V. Authorization: By signing this election form, I confirm the elections that I have made AND that it will remain in effect until a new election form is submitted to the Plan Administrator. I acknowledge that I understand the terms of the Plan, as stated in the Summary Plan Description and other notices that I have received. I further understand that it is my responsibility to comply with the deferral limitations outlined in the Plan and in the Internal Revenue Code.

_____ _____

Participant's Signature Date

Part VI. Plan Administrator Acknowledgement:

_____ _____
Plan Administrator Signature Date

I hereby acknowledge receipt of this ☐ New ☐ Changed election form and verify the accuracy of the Employee's Information.

Date Received: _____