
CONTRIBUTION ELECTION/AUTHORIZATION

Plan Name

I hereby acknowledge and understand that as a Participant in the Plan, I may reduce my salary up to the maximum amount permitted under the Plan. I further understand that any amounts I may defer thereunder shall be deducted from my paycheck by my Employer and deposited into my account under the Plan by the Plan's Trustee(s).

PART I: SALARY REDUCTION ELECTION

Initial Election Alter Election

I hereby elect to reduce my pay by _____% or \$_____ each pay period. This election authorizes my Employer to withhold this amount from my paycheck.

Enter 0 (zero) for no election

This election shall remain in effect until I revoke this election in writing, or change my election percentage or amount in accordance with the rules of the Plan.

PART II: PARTICIPANT ELECTION/AUTHORIZATION BONUS ONLY

On Going Bonus Election One Time Bonus Election
Date beginning _____ Expected date _____

I hereby elect to contribute and hereby authorize the Employer to deduct for deposit into the Plan _____% or \$_____ of my bonus. (100% means that your entire bonus will be deposited)

Enter 0 (zero) for no election

Any questions regarding this election should be directed to the Plan Administrator.

Dated this _____ day of _____, 20_____.

Name *(please print)*

_____-_____-_____
Social Security Number

Employee Signature