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## 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**