

**401(k) Plan
Salary Reduction Agreement**

I. Participant Information

Name: _____ Social Security #: _____

This is a: (check one) New enrollment Change

II. Participant Elections. I authorize the Employer to deduct the following amount from my compensation each pay period and contribute the amount to my 401(k) Plan account:

A. Salary reduction/deferral amount. The Employer will withhold from my compensation (and treat as my deferrals) the following amount:

Percentage. _____% of my compensation. [, but not less than 1% and I must specify a whole percentage number.]

Dollar amount. \$ _____. [, but not less than \$ _____ and I must specify a whole dollar amount.]

Zero. I do not wish to defer any amount. I hereby terminate my prior Salary Reduction Agreement

B. Type of deferral. I elect to make (if in A above you elected a deferral amount other than zero, you must check 1 and only 1 of the 3 boxes below):

Regular 401(k) deferrals (pre-tax). All of my deferrals as Regular 401(k) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

Roth 401(k) deferrals (after-tax). All of my deferrals as Roth 401(k) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral.

Split deferral election. A portion of my deferrals as Regular 401(k) deferrals and a portion of my deferrals as Roth 401(k) deferrals, as follows (if you check the "Split deferral election" box, check 1 and only 1 of the 2 boxes below, and complete both blank lines under the checked box):

_____% of my compensation as Regular 401(k) deferrals, AND _____% of my compensation as Roth 401(k) deferrals [, in both blanks indicate at least 1% and specify a whole percentage number].

OR

\$ _____ as Regular 401(k) deferrals, AND \$ _____ as Roth 401(k) deferrals [, in both blanks indicate at least \$ _____ and specify a whole dollar amount].

I UNDERSTAND: (1) MY ELECTION REGARDING THE TYPE OF DEFERRALS IS IRREVOCABLE ONCE THE EMPLOYER WITHHOLDS THE DEFERRALS FROM MY PAY; AND (2) ANY CHANGE OF ELECTION REGARDING THE TYPE OF DEFERRALS IS EFFECTIVE ONLY FOR DEFERRALS FROM MY PAY AFTER THE PLAN ADMINISTRATOR ACCEPTS MY CHANGE OF ELECTION.

I UNDERSTAND I HAVE A DUTY TO REVIEW MY PAY RECORDS (PAY STUB, ETC.) TO CONFIRM THE EMPLOYER PROPERLY HAS IMPLEMENTED MY SALARY REDUCTION ELECTION. FURTHERMORE, I HAVE A DUTY TO INFORM THE PLAN ADMINISTRATOR IF I DISCOVER ANY DISCREPANCY BETWEEN MY PAY RECORDS AND THIS SALARY REDUCTION AGREEMENT. I UNDERSTAND THAT MY FAILURE TO REPORT ANY DISCREPANCY MAY RESULT IN A LOSS OF OR REDUCTION IN MY ABILITY TO DEFER.

Dated this _____ day of _____, 20____.

Signature of Employee

Signature of Plan Administrator's Representative

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR