

_____ (Plan Name)

SALARY REDUCTION AGREEMENT

Account Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Check One: New Agreement Change

Salary reduction/deferral amount. This Agreement is effective immediately upon acceptance by the Plan Administrator, and I may modify the Agreement at any time. I authorize the Employer to withhold from my Compensation (and treat as my deferrals) the following amount:

_____% of my Compensation.

\$_____.

I elect to make catch-up deferrals in the amount of _____.

Zero. I hereby terminate my prior Salary Reduction Agreement. [*Note: If you have no Salary Reduction Agreement presently in effect and wish **not** to defer, do not complete this Agreement. Elect “zero” only if you wish to terminate deferrals under a prior Salary Reduction Agreement now in effect.*]

Compensation to which Agreement applies. I elect to make deferrals from the following portion of my Compensation.

Total Compensation. My total Compensation (including bonus and other irregular amounts).

Total Compensation excluding bonus. My total Compensation, but excluding bonus.

Bonus only. My Compensation consisting only of the following bonus amount(s): _____ [identify by amount(s), payroll date(s), etc.]. In making this election, I do not intend to change my existing Salary Reduction Agreement (if any) as to Compensation *other than* the bonus described in this Agreement.

Other. _____

Duty to review pay records. 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 the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Authorization

Signature of Employee

Date

Signature of Representative of Plan Administrator

Date

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR