

Participant Deferral Form

Employer _____

Employee Name _____ Date of Birth ____ / ____ / ____

Street _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Hire ____ / ____ / ____

This Agreement will be effective for the pay period beginning _____ .

I elect to participate and contribute _____% of compensation per pay period on a pre-tax basis. (Maximum 75%)

I elect not to make pre-tax contributions until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date. Although I elect not to save through payroll deduction, I understand my employer may elect to contribute a discretionary contribution to the Plan.

Catch-up contributions

I will be at least 50 years of age or older by the end of the calendar year and elect to make catch-up contributions to this plan.

Signatures

Signature of Employee

Authorized Signature of Employer

Date

Date