

CONTRIBUTION ELECTION CHANGE

AGENCY/PLAN -	
PARTICIPANT INFORMATION	
Name	Social Security Number
Mailing Address	Date of Birth (mm/dd/yyyy)
City State Zip	Date of Hire (mm/dd/yyyy)
CONTRIBUTION ELECTIONS	
<p>Salary Deduction Amount. I am a participant in the above Plan and want to change the amount of my contribution. I authorize the following amount to be withheld from my compensation each pay period (<i>select one</i>):</p> <p><input type="checkbox"/> Percentage. _____ % of my compensation <i>(must be a whole percentage number and not less than 1%)</i></p> <p><input type="checkbox"/> Dollar amount. \$ _____</p> <p><input type="checkbox"/> Catch-up amount. \$ _____ ; I am at least age 50 or will reach age 50 this calendar year; I would like to contribute an additional catch-up amount once I reach the plan limit or the IRS dollar limit on contributions for the calendar year.</p> <p><input type="checkbox"/> Zero. I choose to suspend my salary deduction amount.</p>	
<p>Type of Deduction. If you elected above to deduct an amount other than zero, indicate below how much of your deduction will be attributable to each deduction type. Percentages should total the percent deducted and dollar amounts should total the dollar amount deducted. (<i>i.e.: if you elect 6% as your salary deduction amount, you could elect 4% as Traditional and 2% as Roth.</i>)</p> <p>_____ % or \$ Traditional 401(k) deferrals (pre-tax). I understand the amount I have elected to have deducted from my compensation will reduce my current compensation which is includible in income for the taxable year of the deduction.</p> <p>_____ % or \$ Roth 401(k) contributions (after-tax). I understand the amount I have elected to have deducted from my compensation will NOT reduce my current compensation which is includible in income and that my deductions will be includible in income for the taxable year of the deduction.</p> <p>I understand: (1) my election regarding the type of deduction is irrevocable once the deductions are withheld from my compensation; and (2) any change of election regarding the type of deduction is effective only for deductions from my compensation after the Plan Administrator accepts my change of election.</p> <p>I understand I have a duty to review my compensation records (pay stub, etc.) to confirm that my salary deduction election has been properly implemented. Furthermore, I have the duty to inform the Plan Administrator if I discover any discrepancy between my compensation records and this salary deduction agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.</p>	
SIGNATURE	
Name	Date
<p>I certify that my signature represents an acknowledgement that I authorize my Employer to deduct the above amount from my compensation each pay period and contribute the amount on my behalf for allocation to my 401(k) Plan account. This contribution election will be effective as soon as administratively possible and shall remain in effect until modified or revoked.</p>	