

Employee Identification

□□□-□□-□□□□□□

Social Security Number

Name: _____
 Last First Middle Initial

Address: _____

 City State Zip

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Date of Hire MM-DD-YYYY

Date of Birth MM-DD-YYYY

Phone Number

Contribution Election-PRE-TAX

I authorize my employer to deduct from my eligible compensation the percentage I enter on a before-tax basis and to contribute that amount to the plan on my behalf (enter an amount from 1% to your plan limit of 100%). _____%

If I am able to make a Catch-Up Contribution, I authorize my employer to treat any amount of my before-tax contributions that exceeds any statutory (or plan) limits as Catch-Up Contributions to the extent such contributions do not exceed the applicable statutory Catch-Up Contribution limit.

I authorize my employer to deduct from my eligible compensation the percentage I enter on a before-tax basis for purposes of a Catch-Up Contribution and to contribute that amount to the plan on my behalf. _____%.

I wish to change my contribution from _____% to _____%.

I do not wish to contribute to the Plan at this time.

Beneficiary Designation

This designation revokes any previous designation I may have made. Upon my death, I designate that the following beneficiary(s) receive my vested account balance in the above named plan. My balance will be paid according to Plan rules. If I am married at the time of my death, my spouse will be considered my 100% beneficiary (regardless of any other designation I make) unless my spouse consents to another beneficiary designated by me. If more than one beneficiary is listed, the % of benefit must be completed and must total 100%.

Name: _____
 Last First Middle Initial Social Security Number

□□-□□-□□□□□□ □□□ Primary _____
 Date of Birth MM-DD-YYYY % of benefit relationship

Name: _____
 Last First Middle Initial Social Security Number

□□-□□-□□□□□□ □□□ Primary _____
 Date of Birth MM-DD-YYYY % of benefit relationship

Name: _____
 Last First Middle Initial Social Security Number

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 Date of Birth MM-DD-YYYY % of benefit relationship

□□-□□-□□□□□□ □□□ Primary _____
 Date of Birth MM-DD-YYYY % of benefit relationship

Participant's Signature

I have read and understand the instructions to this form and have authorized the above designations. I will complete a new form if changes occur.

Participant's Signature _____

Date _____