

SALARY DEFERRAL ENROLLMENT/CHANGE FORM

This form is necessary to begin or change your contributions to your 403(b) account.

Name of Employer/Plan _____

Please check one of the following: New plan enrollment Changes to existing election(s)

1 Employee Information *(Please type or print clearly)*

First name MI Last SSN

Residence address (physical address required — no P.O. boxes) City State ZIP

Mailing address (if different from residence address) City State ZIP

Date of birth (mm/dd/yyyy) _____
Date of hire (mm/dd/yyyy) _____
 Married Single
Marital Status

2 Employee Contributions - This salary deferral agreement remains in effect until I revoke or modify it. Modifications to the Agreement are permitted when the plan administrator allows it.

Percentage per pay period
This amount will be a percentage of your salary per pay period. Contributions will change proportionally as your salary changes.

Maximum amount
This option allows you to contribute the maximum salary deferral amount allowed by the Internal Revenue Service for the year.

Catch-up election for associates age 50 or older
If you will be age 50 or older this year, you may make an additional contribution. In order to elect this contribution, you must also elect to make the maximum salary deferral allowed.

Regular Compensation. My total Compensation *excluding* cash-in-lieu, longevity, and other irregular payments.

- I authorize my employer to withhold from my wages each pay period:
Pre-tax contributions of _____% OR \$ _____
- I authorize my employer to withhold from my wages each pay period:
After-tax ROTH contributions of _____% OR \$ _____

The maximum amount allowed under law (this amount does not include catch-up contributions).

This amount will produce a total contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less.

For employees age 50 or older, an additional catch-up contribution shall be contributed as follows (check one):

- \$ _____ per pay period.
- The maximum amount allowed under law.

This amount must not exceed the statutory limitation under IRC Section 414(v).

Cash-in-lieu/Longevity or other irregular payments. (Please initial on the line to indicate the type of payment from which you wish to have your contribution withheld.)

(If separate election is not made, the election for Regular Compensation will apply.)

- I do not wish to have deferrals withheld from my cash-in-lieu, longevity or other irregular payments.
- I authorize my employer to withhold from my _____ cash-in-lieu, _____ longevity or other irregular payments:
Pre-tax contributions of _____% **OR** \$ _____
- I authorize my employer to withhold from my _____ cash-in-lieu, _____ longevity or other irregular payments:
After-tax ROTH contributions of _____% **OR** \$ _____

3 Decline Deferral - I elect to have none of my salary deferred into the plan at this time.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the salary reduction amount. I have a duty to inform the Plan Administrator of any discrepancy found. Failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies by the cut-off date for the following payroll period will be considered acceptance of the amount actually withheld (including zero).

4 Effective date of change: _____

Authorization

Signature of Employee

Date

Signature of Plan Sponsor

Date

PLEASE RETURN THIS FORM TO THE PLAN SPONSOR