

401(k) PLAN
SALARY REDUCTION AGREEMENT

Account Information

Company Name _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number ____ - ____ - _____ Phone # _____

Check one: New Agreement Change effective ____ / ____ / ____

Salary reduction/deferral amount. This Agreement is effective upon acceptance by the Plan Administrator, and I may modify the Agreement as stated in the summary plan description. I authorize the Employer to withhold from my Compensation (and treat as my deferrals) the following amount:

Pre-Tax Deferral:

____% of my Compensation.

\$_____.

Zero:

I hereby elect to terminate my prior Salary Reduction Agreement. (Note: If you do not have a Salary Reduction Agreement presently in effect, the Plan will treat your failure to complete and return this Agreement as an Election to defer zero.)

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).

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