

**EMPLOYEE SALARY DEFERRAL
ENROLLMENT AND PAYROLL DEDUCTION AUTHORIZATION FORM**

Name of Plan: _____

Please complete the following accurately with a ballpoint pen; print clearly. The information you provide should be current as of the date the form is completed. All employees must complete all three sections of the form.

SECTION I - General Information

Social Security Number Last Name First Name MI

Employee Number Date of Hire (mm/dd/yy) Date of Birth (mm/dd/yy) Gender

Number and Street Additional Mailing Information

City State Zip

SECTION II – Contribution

_____ I want to make pre-tax salary deferral contributions to the Plan. I authorize my employer to deduct \$_____ per pay period = \$_____ annually (some limitations may apply, check with your Plan Administrator) of my salary from each paycheck and to credit that amount to the pre-tax deferral portion of my Account.

_____ I want to make pre-tax salary deferral contribution to the Plan. I authorize my employer to deduct \$_____ per my bonus = \$_____ annually (some limitations may apply, check with your Plan Administrator) to credit that amount to the pre-tax deferral portion of my Account.

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

SECTION III - Signature

Check to make sure that you have completed each section fully. Return this form to your employer.

Your Signature

Date