

## Salary Deferral Election Form

Plan Name	
Participant Name	Participant SS# <b>XXX-XX-</b>
Address	Date of Birth
City, State Zip	Email/Phone #

Note that the information below is solely for the benefit of Plan Name identified above. This information shall not be maintained or acted upon by the investment consultant, TPA or your financial provider. These changes need to be directly reported to your plan administrator. Your plan administrator will then forward this information to your payroll department or payroll provider to implement for the next payroll period.

**Select your tax basis option:**

- My contribution is pre-tax.
- My contribution is after-tax ROTH. (Confirm with you plan administrator that your plan allows for a Roth contribution)
- I would like to split my tax basis option

**Select one of the following elections:**

- |   | <u>Pre-Tax</u> | <u>Roth After-Tax</u> |
|---|----------------|-----------------------|
| <input type="checkbox"/> I elect to defer % per pay period                                      | _____ %        | _____ %               |
| <input type="checkbox"/> I elect to defer \$ per pay period                                     | \$ _____       | \$ _____              |
| <input type="checkbox"/> I elect to defer a <b><u>ONE-TIME \$</u></b> contribution to the plan. | \$ _____       | \$ _____              |
| <input type="checkbox"/> I elect <b><u>NOT</u></b> to defer to the retirement plan.             |                |                       |

Effective Pay Period of the selection above: \_\_\_\_\_

(Requests for change must be submitted 2-3 weeks in advance of the next pay period)

**Salary Deferral Agreement:**

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements. I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits; that any excess contributions will be distributed pursuant to Treasury regulation 1.402(g)-1, as amended; and that I may be responsible for any costs, including taxes and penalties, that I may incur as a result of such excess contributions.

**Signature:** \_\_\_\_\_  
Signature of Employee
Date Signed