

401(k) ENROLLMENT FORM

Use this form to notify your employer to start your 401(k) contributions, change your savings rate, or suspend your contributions. Your employer will keep this form to update payroll.

Plan Name: _____

Participant's Name: _____

START: I want to start my participation in the 401(k) portion of the plan and my contribution rate will be _____% or \$_____ per pay period. *(It will become effective with your next payroll.)*

I do not want to contribute to the 401(k) Plan.

SUSPEND: I want to suspend my participation in the plan and reduce my contribution to zero. Please execute this request as soon as administratively possible.

CHANGE: I want to change my rate of savings to _____% or \$_____, per pay period. Please execute this request as soon as administratively possible.

NOTE: The annual salary reduction may not exceed the lesser of 100% of compensation, or **\$23,500.00**. *(\$31,000.00 is the maximum permissible if participant has attained age 50)*

Please proceed with my salary deferral election as indicated above.

Signature of Plan Participant

Date