(EMPLOYER NAME)

401(k), 403(b), TAX-DEFERRED ANNUITY or SIMPLE IRA PLAN SALARY REDUCTION AGREEMENT

EMPLOYEE NAME

XXX-XX- ____ ____ ____ ____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

The Plan has been explained to me, and I have been given a Summary Plan Description. I understand that I may voluntarily choose to have my pay reduced for contributions to the Plan.

ELECTION TO CONTRIBUTE

I elect to designate my contributions as Traditional Pre-Tax Contributions and contribute _____% or $_____ of my pay, and I authorize my employer to deduct that amount each pay period.

I am aware that:

1) My contribution may be reduced in order to comply with Federal tax rules and limits, including any higher limits that apply to participants age 50 or older.
2) This election will take effect with the first pay period beginning on or after the first day of the next month, or as soon as it is administratively feasible for my employer to begin deductions from my pay after I file this Salary Reduction Agreement with my employer. I may stop or change my election for future pay periods by giving my employer written notice, which will take effect as soon as administratively feasible.
3) My contributions and earnings cannot be withdrawn or paid until I attain age 59½ or upon my death, disability or termination of employment. My contributions may be available for withdrawal in the event of serious financial hardship (according to the Plan and IRS rules).
4) **This election generally applies to all compensation payments that I receive, as described in my employer's Plan document.**

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the Plan at this time. I understand that if the Plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a Salary Reduction Agreement and an Enrollment Form and filing them with my employer.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH LEGAL COUNSEL, IN PARTICULAR REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.