

SALARY REDUCTION ELECTION

(PLEASE PRINT ALL INFORMATION)

PLAN NAME: _____

Participant: _____ Social Security #: _____

Address: _____

City, State Zip: _____

Date of Birth: _____ Date of Hire: _____ Sex: _____

APPLICATION FOR PARTICIPATION

_____ I hereby elect NOT to defer a part of my salary into the 401(k) plan.

_____ I hereby elect to defer a part of my salary into the 401(k) plan as indicated below.

I hereby request to reduce my compensation effective _____ and continuing until changed. I authorize regular payroll deductions of the following:

1. _____ % of my compensation
2. \$ _____ per paycheck

I understand that I can change my election as allowed by the plan document or by the Trustees. I further understand that my election may be reduced to meet the non-discrimination regulations applicable to 401(k) plans. I realize that the amount reduced and contributed to the above plan accumulates tax free until paid to me. I also realize that the amount deferred in this plan through salary reduction may be withdrawn under the following circumstances: retirement, death, disability, termination of employment, or attainment of age 59 1/2.

ELECTION OF CATCH-UP CONTRIBUTION

Participants who are age 50 and older are allowed to make additional salary deferral contributions.

_____ I hereby elect to make catch-up contributions and authorize additional payroll deductions as follows:

1. _____ % of my compensation
2. \$ _____ per paycheck

Participant Signature: _____

Date: _____

SALARY REDUCTION INVESTMENT ELECTION

PLAN NAME: _____

I hereby elect to have my account deposited in the following investment (indicate percentage in increments of %)

<u>FUND</u>	
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

This election shall remain in effect until such time that I sign a new election to supersede this election.

Participant Signature: _____

Date: _____