

## SALARY DEFERRAL AGREEMENT

### PARTICIPANT INFORMATION

Plan Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

This is a:  New Agreement  Change to Current Agreement, effective:

### 401(k) ELECTION

This Agreement is effective upon receipt and acceptance by the Plan Administrator. 401(k) payroll deductions will begin as soon as practicable in accordance with the terms of the Plan and this Agreement.

You may elect 401(k) payroll deductions up to the IRS maximum of \$18,500 for 2018, plus up to a \$6,000 catch-up contribution (if age 50 or older by the end of the calendar year). Your election will remain in effect unless revoked. You may stop contributing at any time with written notice to the Plan Administrator.

I hereby authorize my employer to withhold from compensation (and treat as my 401(k) deductions) the following amounts:

**Traditional pre-tax** 401(k) contributions of:

\_\_\_\_\_% of my compensation

\$\_\_\_\_\_  per pay period or  per year (proportionately from each pay period)

I understand that the amount of traditional pre-tax contributions I have elected will reduce my taxable compensation for the year of the contribution.

I elect not to make 401(k) contributions to the Plan at this time.

### DUTY TO REVIEW PAY RECORDS

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly implemented my payroll deduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this election. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer the percentage or amount that I have elected on this form.

### EXECUTION

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Participant, please submit form to Employer)