

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 \$19,500 for 2021, plus up to a \$6,500 catch-up contribution (if age 50 or older by the end of the calendar year). The deduction limit applies to both traditional pre-tax and Roth after-tax contributions on a combined basis. You may elect either or a combination of both traditional pre-tax and Roth after-tax contributions up to the IRS limit. 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.

Roth after-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 Roth after-tax contributions I have elected will not reduce my taxable compensation for the year of the contribution.

If you are age 50 or older, or will be by the end of the calendar year, and would like to contribute catch-up contributions, please include the amount in the election above.

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)