



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

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

Number \_\_\_\_\_

<b>B</b>	<b>Payroll Election(s)</b> <b>Catch-Up Election</b> My regular Catch-Up amount is the <b>lesser</b> of the amounts indicated in Column A, Column B or Column C. I elect to contribute to the Plan additional Regular Catch-Up amount(s) of my eligible compensation as indicated below ( <i>per pay period</i> ): Payroll Effective Date ( <i>mm/dd/yyyy</i> ) _____ / _____ / _____      Year End Date ( <i>mm/dd/yyyy</i> ) _____ / _____ / _____ The total before-tax and Roth Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age 50 and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age 50 Catch-Up. <input type="checkbox"/> I elect to cancel my Catch-Up contribution election.
<b>C</b>	<b>Signatures and Consent</b> ( <i>Signatures must be on the lines provided.</i> ) <b>Participant Consent</b> ( <i>Please sign on the 'Participant Signature' line below.</i> ) My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that: <ul style="list-style-type: none"> <li>• Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.</li> <li>• I may change the amount of compensation contributed as allowed under the terms of the Plan.</li> <li>• It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.</li> <li>• My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.</li> <li>• I authorize the payroll deduction as indicated on this form.</li> </ul> Any person who presents false or fraudulent information is subject to criminal and civil penalties. <b>Participant Signature</b> _____ <b>Date (Required)</b> _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i> <b>Authorized Plan Administrator Signature</b> ( <i>Please sign on the 'Authorized Plan Administrator Signature' line below.</i> ) I authorize the election indicated by the participant above. <b>Authorized Plan Administrator Signature</b> _____ <b>Date (Required)</b> _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i> <b>Print Full Name</b> _____
<b>D</b>	<b>Mailing Instructions</b> <b>Participant forward this form to Employer</b> <b>Employer DO NOT send this form to Service Provider. Please retain for your records.</b>

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