

[Provide this form if Salary Deferrals are permitted and AA §6A-4(b) and AA §6A-5(b) are checked.]

**SALARY DEFERRAL ELECTION**  
 ENROLLMENT, CHANGE OR CANCELLATION

\_\_\_\_\_ (“Plan”)

**1. PARTICIPANT INFORMATION**

Participant’s Name (Last, First, Middle Initial)	Social Security Number	Birthdate

**2. PURPOSE OF THIS SALARY DEFERRAL ELECTION FORM**

<input type="checkbox"/> Initial enrollment	<input type="checkbox"/> Change of prior election	<input type="checkbox"/> Cancellation
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**Effective Date of election:**

**3. SALARY DEFERRAL ELECTION**

Subject to the requirements and limitations of the Plan, I elect to defer the following amount of my eligible compensation (i.e., wages, salary, etc.) into the Plan each pay period:

\_\_\_\_\_% of compensation or

\$ \_\_\_\_\_

[For purposes of determining the amount of deferrals under the Plan, the Plan may exclude certain types of compensation. See your SPD or contact the Plan Administrator if you have questions regarding the definition of compensation used for deferral purposes under the Plan.]

**4. CHANGES TO DEFERRAL AMOUNTS**

The Employer agrees to contribute the amount designated above as salary deferrals into the appropriate accounts under the Plan. I understand that I may change or cancel my election by completing a new Salary Deferral Election form as authorized under the Plan’s deferral election procedures. I understand that my election will be processed in the time and manner provided in the Plan’s administrative procedures.

[If you have questions regarding your ability to change or cancel an existing salary deferral election, please see your SPD or contact the Plan Administrator or other Plan representative.]

**5. SIGNATURES**

<b>PARTICIPANT SIGNATURE</b>	<b>DATE</b>
<b>EMPLOYER SIGNATURE</b>	<b>DATE</b>

**INSTRUCTIONS TO PARTICIPANT**  
**SALARY DEFERRAL ELECTION — ENROLLMENT, CHANGE OR CANCELLATION**

*This Salary Deferral Election permits you to designate a specific amount of your compensation that you want the Employer to contribute as “salary deferrals” to your account under the 401(k) Plan. You may use this Salary Deferral Election to enroll in the 401(k) Plan or to change or cancel a prior Salary Deferral Election. (For more information regarding the specific terms of the 401(k) Plan, see the Summary Plan Description (SPD) or contact the Plan Administrator or other Plan representative.)*

The following instructions are designed to assist you in completing the Salary Deferral Election form.

**1. PARTICIPANT INFORMATION.** Complete your name, Social Security number, and birthdate in the appropriate spaces.

**2. PURPOSE OF THIS SALARY DEFERRAL ELECTION FORM.** Check the appropriate box.

**a. Initial enrollment.** If you are enrolling in the 401(k) Plan for the first time, check the “Initial enrollment” box under Part 2 of the Salary Deferral Election form and complete Part 3 of the form designating how much you wish to have withheld from your paycheck as salary deferrals to the Plan.

Insert the date your election is effective. Generally, your enrollment election must be effective as of the beginning of a payroll period. The effective date may not be a date prior to the date this Salary Deferral Election is completed and signed. If you have questions regarding the appropriate effective date of your election, see the Plan Administrator (or other plan representative) for assistance. The appropriate amounts will automatically be withheld from your paycheck for the period beginning with the effective date of your election and will be contributed to the Plan on your behalf.

**b. Change of prior election.** If you have previously enrolled in the 401(k) Plan and wish to change the amount you are contributing to the plan, check the “Change of prior election” box under Part 2 of the Salary Deferral Election form and complete Part 3 of the form designating how much you wish to have withheld from your paycheck as salary deferrals to the Plan. You should also check the “Change of prior election” box if you were previously enrolled in the 401(k) Plan but canceled your participation.

Insert the date your election is effective. Generally, a change of a prior election may only be effective as of a change date authorized under the Plan. The effective date may not be a date prior to the date this Salary Deferral Election is completed and signed. If you have questions regarding the appropriate effective date of your election, see the Plan Administrator (or other Plan representative) for assistance. Your change of a prior election will be processed automatically for the period beginning with the effective date of your election.

**c. Cancellation.** If you have previously enrolled in the 401(k) Plan and wish to cancel your participation, check the “Cancellation” box under Part 2 of the Salary Deferral Election form. Do not complete Part 3 of the form.

Insert the date your cancellation election is effective. Generally, a cancellation of a prior election may only be effective as of a cancellation date authorized under the Plan. The effective date may not be a date prior to the date this Salary Deferral Election is completed and signed. If you have questions regarding the appropriate effective date of your election, see the Plan Administrator (or other plan representative) for assistance. Your cancellation of participation will be processed automatically for the period beginning with the effective date of your election.

**3. SALARY DEFERRAL ELECTION.** Check the appropriate box and designate the amount you wish to have withheld from your paycheck as a salary deferral to the 401(k) Plan. You may elect to have a specific percentage or a specific dollar amount withheld from your paycheck. The Employer will contribute all amounts withheld from your paycheck directly into the 401(k) Plan on your behalf.

The amount you elect to defer into the Plan may not exceed any limitations under the Plan. Your Summary Plan Description will describe any limits on the amount you can contribute to the Plan. You should read the Summary Plan Description or contact your Plan Administrator (or other Plan representative) to ensure your election does not exceed the permissible limits under the Plan. (You may obtain a Summary Plan Description from the Plan Administrator.)

**4. SIGNATURES.** Sign and date the form. After reviewing your elections, the Employer will also sign and date the form. The Salary Deferral Agreement is not effective until it is signed by both the Participant and the Employer.