

401(k) Salary Deferral Agreement – Beneficiary Designation Form

Name of Plan: _____

1) Employee Information

Select one of the following: New plan enrollment Change to existing agreement

□□□-□□-□□□□□□

SSN

□□-□□-□□□□□□

Date of Birth (mm/dd/yyyy)

□□-□□-□□□□□□

Date of Hire (mm/dd/yyyy)

First Name

MI

Last Name

Street Address

City

State

Zip Code

2) 401(k) Salary Deferral Election

I authorize my employer to withhold from my wages **each pay period:**

Pre-tax contributions of _____ % OR \$ _____

After-tax Roth contributions of _____ % OR \$ _____

(Your plan may not offer Roth contributions. If unsure, please check with the Plan Administrator.)

I do not wish to make contributions to the plan at this time. I affirm that I was provided a copy of the Summary Plan Description and have made an informed decision to not defer.

This election shall remain in effect until I revoke this election in writing, change my election percentage or amount in accordance with the rules of the Plan, or separate from service with the employer. Any questions regarding this election should be directed to the Plan Administrator.

STATEMENT OF UNDERSTANDING

Please note that by signing your name in Section 4, you agree to the following statements:

I have completed, understood, and agree to the terms in this Salary Deferral Agreement and have been provided with the Summary Plan Description.

I understand that I may elect to start, increase or reduce my elections once each pay period. However, I may totally suspend my elections at any time by so advising the Plan Administrator. If I totally suspend my elections I may resume contributions only as of the dates specified above.

I understand that I must give the Plan Administrator sufficient time to process any change or revocation of an election. I understand that this Salary Deferral Agreement will be processed in a timely manner.

I understand that this agreement supersedes and nullifies any prior Salary Deferral Agreement under this Plan.

3) Beneficiary Designation As a Participant in the above Plan I hereby elect the following beneficiaries:

Primary Beneficiary(ies) – percentages should add up to 100%

		_____ %
First Name (print)	MI Last	Relationship
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of Birth (mm/dd/yyyy)	

		_____ %
First Name (print)	MI Last	Relationship
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of Birth (mm/dd/yyyy)	Total Percentage _____ %

Contingent Beneficiary(ies) – percentages should add up to 100%

		_____ %
First Name (print)	MI Last	Relationship
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of Birth (mm/dd/yyyy)	

		_____ %
First Name (print)	MI Last	Relationship
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of Birth (mm/dd/yyyy)	

		_____ %
First Name (print)	MI Last	Relationship
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SSN	Date of Birth (mm/dd/yyyy)	Total Percentage _____ %

Note: if you are married and do not list your spouse as your primary beneficiary, please ask your Employer for a special consent form.

4) Signature:

X _____ Signature of Participant	_____ / ____ / ____ Date (mm/dd/yyyy)
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Please return this form to your Employer