

ELECTION TO CHANGE SALARY REDUCTIONS

I acknowledge and understand that as a Participant in the _____ 401(k) Plan (öthe Planö), I may reduce my salary up to the maximum amount permitted by law. I further understand that any amounts I choose to defer shall be deducted from my paycheck by my employer and deposited into my accounts under the Plan by the Plan's Trustee(s).

() I hereby authorize my Employer to **change** the amount it deducts from my compensation to _____% each pay period.

Further:

() I want _____% of my contributions to be pre-tax salary deferrals.

() I want _____% of my contributions to be after-tax ROTH salary deferrals.
(Not all plans offer ROTH salary deferrals. If unsure, contact your Plan Administrator.)

I understand that this election will be processed as soon as possible, or as allowed in the Plan Document.

I further understand that the Plan Administrator may limit my salary deferral contributions during the year if doing so will enable the plan to meet the various Internal Revenue Codes and Regulations affecting the plan.

~~~~~ OR ~~~~~

( ) I hereby authorize my Employer to **discontinue** salary reductions under the Plan. I understand that this will be effective as soon as possible, however no later than 30 days from delivery of this notice to my Employer. I further understand that I may not again authorize salary reductions until the next change date, as allowed under the Plan.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

xxx-xx-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**RETURN THIS FORM TO YOUR HUMAN RESOURCE REPRESENTATIVE**