



AUTOMATIC CONTRIBUTION ARRANGEMENT SALARY DEFERRAL AGREEMENT

Plan Name: _____

Participant Name: _____
Print or Type Complete Legal Name – First, MI, Last

Social Security Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Check One: New Agreement Change

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| SECTION 1: CONTRARY DEFERRAL ELECTION |
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In accordance with provisions of the Plan’s Automatic Contribution Arrangement (“ACA”) permitting Participants to make salary deferrals under an election which differs from the automatic deferral percentage described in the ACA Notice I received, I do not wish the Plan’s automatic deferral percentage to apply to my Compensation. I hereby make the following contrary deferral election:

No salary deferrals. I elect not to make salary deferrals under the Plan. *[Note: If you elect not to defer, sign and date but do not complete the rest of this form. You must make this election if you do not have an existing Salary Deferral Agreement in place and wish to make no salary deferrals to the Plan. Also make this election if you wish to terminate a prior Salary Deferral Agreement now in effect.]*

Election to override automatic deferral/change. I elect to defer an amount which is greater or less than the automatic deferral amount or to change my existing Salary Reduction Agreement. *[Note: If you elect to override the automatic deferral amount (other than to elect “no deferrals” above), you must complete the rest of this form. If you are changing the amount of your existing deferral election, complete the rest of this form. If you also wish to change your investment election, you must complete the investment election form the Plan Administrator will provide you for that purpose.]*

COMPLETE THE REST OF THIS FORM ONLY IF YOU ELECTED “Election to override automatic deferral/change” above.

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| SECTION 2: SALARY REDUCTION/DEFERRAL AMOUNT |
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This election is effective as soon as the Plan Administrator reasonably can implement your election after receipt. I may modify this Agreement only in accordance with current Plan provisions and IRS regulations:

I authorize the Employer to withhold from my Compensation (and treat as salary deferrals) the following amount:

\$ _____ or _____ % of my per pay period Compensation as pre-tax salary deferrals

Deferrals irrevocable once made. I understand: (1) my election regarding the amount and type of deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding the amount or type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

SECTION 3: SPECIAL ELECTION FOR BONUSES
(Complete this section if Plan allows special elections for bonuses AND you wish to apply a special election to bonuses)

I authorize the Employer to withhold from my bonus and treat as **PRE-TAX** salary deferrals the following amount:

_____% or \$_____ of my bonus which is to be paid on _____, 2_____ (insert date). In making this election, I do not intend to change my existing Salary Deferral Agreement (if any) as to Compensation *other than* the bonus described in this Agreement (if allowed by Plan).

_____% or \$_____ of **ALL** bonuses paid to me on or after _____, 2_____ (insert date). In making this election, I do not intend to change my existing Salary Deferral Agreement (if any) as to Compensation *other than* the bonus described in this Agreement (if allowed by Plan).

I understand that I can change this election at any time by completing a new Salary Deferral Agreement.

SECTION 4: REQUIRED SIGNATURES

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Deferral Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Participant Signature

Date

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR