

SALARY REDUCTION AGREEMENT

Plan Information

Company Name: _____

Plan Name: _____

Salary reduction amounts may be changed: May increase or decrease at the beginning of any payroll period. (Please note, your plan document may restrict the timing of the change.)

I am 100% vested in my salary deferral contributions.

Participant Information

Name: _____

Social Security Number : _____

Location: _____

Effective Date of Salary Reduction: _____

Amount of Reduction (choose one):

[] Percentage _____ %

[] Dollar Amount \$ _____

[] I choose not to contribute to the plan at this time.

My employer will deduct the amount from my compensation as specified and contribute this amount to the plan.

This agreement shall supersede any previous salary reduction agreement.

Participant Signature

Date