



**EMPLOYEE
FIDUCIARY**

Wage Deferral Agreement

Participant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Birth date: _____
Marital Status: ☐ Married ☐ Single

Contribution Information

☐ **Regular 401(k) contributions.** You are hereby authorized to reduce my regular wages by _____% or \$_____ each pay period for contribution on a pre-tax basis to the 401(k) Plan.

☐ **Roth contributions.** You are hereby authorized to deduct _____% or \$_____ each pay period from my regular wages for the purpose of making a Roth Contribution on an after tax basis to the 401(k) Plan.

☐ **No contributions.** I do not wish to participate in wage deferrals to the Plan at this time.

1. I understand that I may elect to start, increase, or decrease my elections effective as of the dates established pursuant to Plan procedures. However, I may revoke my election at any time by so advising the Plan Administrator (Employer).
2. If I revoke my election, I may resume contributions only as of the participation dates specified in the Summary Plan Description (SPD).
3. I understand that I must give the Plan Administrator at least 15 days written notice of any change or revocation of an election.
4. I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed in the SPD.
5. I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.
6. The election indicated on this form is effective for the first pay period beginning on or after _____, 20____.

Participant Signature: _____ **Date:** _____