



Plan Name _____

**401(k) Plan
Salary Deferral Agreement**

For 2012, the maximum salary deferral amount is \$17,000 under age 50 and \$22,500.00 age 50 and over.

I. Participant Information

Name: _____ Social Security #: _____

This is a: (check one) New enrollment Change

II. Participant Elections. I authorize the Employer to deduct the following amount from my compensation each pay period and contribute the amount to my 401(k) Plan account for the pay period beginning _____:

Salary deferral amount. The Employer will withhold from my compensation (and treat as my deferrals) the following amount:

Percentage. ____% of my compensation. [but not less than 1% and I must specify a whole percentage number]

Dollar amount. \$ _____. [but not less than \$20.00 and I must specify a whole dollar amount]

Zero. I do not wish to defer any amount. I hereby terminate my prior Salary Deferral Agreement

Regular 401(k) deferrals (pre-tax) All of my deferrals are Regular 401(k) deferrals. I understand the amount of deferrals I have elected in this Salary Deferral Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

I UNDERSTAND: (1) MY ELECTION REGARDING THE TYPE OF DEFERRALS IS IRREVOCABLE ONCE THE EMPLOYER WITHHOLDS THE DEFERRALS FROM MY PAY; (2) ANY CHANGE OF ELECTION REGARDING THE TYPE OF DEFERRALS IS EFFECTIVE ONLY FOR DEFERRALS FROM MY PAY AFTER THE PLAN ADMINISTRATOR ACCEPTS MY CHANGE OF ELECTION; AND (3) ANY WITHDRAWAL IS SUBJECT TO THE PROVISIONS OF THE PLAN AND LIMITATIONS ACCORDING TO IRS REGULATIONS.

I UNDERSTAND I HAVE A DUTY TO REVIEW MY PAY RECORDS (PAY STUB, ETC.) TO CONFIRM THE EMPLOYER PROPERLY HAS IMPLEMENTED MY SALARY REDUCTION ELECTION. FURTHERMORE, I HAVE A DUTY TO INFORM THE PLAN ADMINISTRATOR IF I DISCOVER ANY DISCREPANCY BETWEEN MY PAY RECORDS AND THIS SALARY REDUCTION AGREEMENT. I UNDERSTAND THAT MY FAILURE TO REPORT ANY DISCREPANCY MAY RESULT IN A LOSS OF OR REDUCTION IN MY ABILITY TO DEFER.

Dated this _____ day of _____, 20____.

Signature of Employee

Signature of Plan Administrator's Representative

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR