



EMPLOYER

**401(k) PLAN SALARY REDUCTION AGREEMENT**

To the Plan Administrator of the \_\_\_\_\_ (“Plan”):

In accordance with the applicable Sections of the Plan, I enter into this Salary Reduction Agreement (“Agreement”) with \_\_\_\_\_ (“Employer”).

**Account Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check one:     New Agreement     Change

**Salary reduction/deferral amount**

Effective \_\_\_\_\_, I authorize the Employer to withhold from my Compensation (and treat as my deferrals) the following amount:

- \_\_\_\_\_% of my Compensation.
- \$\_\_\_\_\_.
- I elect to make catch-up deferrals in the amount of \_\_\_\_\_.

*Note: Provide special withholding instructions on the reverse side of this form. A reduction to your salary for any Plan Year may not exceed the 402(g) limitation, a dollar limitation adjusted by the Internal Revenue Service as of each January 1. Upon your request, the Advisory Committee will provide you the 402(g) limitation in effect for a particular calendar year. If you are or will attain age 50 during this calendar year, you may make additional deferrals, called “catch-up” contributions, in an amount not exceeding the applicable annual catch-up limit. The 402(g) limit and catch-up limit are indexed for inflation after 2002. The limits for 2013 through 2015 are as follows:*

<u>Calendar Year</u>	<u>402(g) Limit</u>	<u>Catch-up Limit</u>
2013	\$17,500	\$5,500
2014	\$17,500	\$5,500
2015	\$18,000	\$6,000

**Frequency**

For each designated period, the Employer will deduct an amount from my Compensation equal to the percentage or the dollar amount by which I have elected to reduce my Compensation in this Agreement. In executing this Agreement I understand:

1. The Employer will contribute to the Plan on my behalf the amount by which I have reduced my Compensation under this Agreement (my "deferral contributions"). "Compensation" means

total compensation paid to me for services rendered to the Employer, including wages, salary, overtime, commissions, tips and fees for professional services.

My deferral contributions are not subject to federal or state income tax until distributed from the Plan, but my deferral contributions are subject to Social Security taxes. The Employer will deduct from my remaining Compensation my Social Security tax liability on my deferral contributions.

2. This Agreement remains in effect until I revoke or modify the Agreement. To do so, I must provide the Plan Administrator advance written notice, specifying the effective date of the revocation or modification.

I may revoke my Salary Reduction Agreement \_\_\_\_\_.

I may modify my Salary Reduction Agreement \_\_\_\_\_.

Once I revoke my Agreement, I may file a new Agreement \_\_\_\_\_.  
If I enter into a Salary Reduction Agreement subsequent to the date of this Agreement, it acts as a revocation of this Agreement, unless the subsequent Agreement specifies a limited effect not in conflict with this Agreement.

3. I am 100% vested in my deferral contributions. The Plan Administrator will credit my deferral contributions to a Deferral Contributions Account established under the Trust for my benefit. I understand my deferral contributions are subject to gain or loss in accordance with my investment direction.
4. 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 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.

**Authorization**

\_\_\_\_\_  
Signature of Employee                      Date

\_\_\_\_\_  
Signature of Plan Representative                      Date

**Special Withholding Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR**