



401(k) Wage Deferral Agreement

New Change

Employer Information:

Name of Business

Street Address:

City

State Zip

Plan Administrator / Contact Person

Telephone:

() -

Employee Information:

First Name

M.I.

Last Name

Street Address:

City

State Zip

Daytime Phone:

() -

Evening Phone:

() -

Email:

Date of Birth:

- -

(MM-DD-YYYY)

Marital Status:

- Single
- Married
- Divorced
- Widowed

Date of Hire:

- -

(MM-DD-YYYY)

Social Security Number:

- -

- 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). If I revoke my election, I may resume contributions only as of the participation dates specified in the Summary Plan Description.
- I understand that I must give the Plan Administrator (Employer) at least 15 days written notice of any change or revocation of an election.
- 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 Summary Plan Description.
- I understand that this agreement supersedes and nullifies any prior Wage Deferral Agreement.
- I have attached a legible photocopy of my driver's license, passport or other government issued identity document.
- The election indicated on this form is effective for the first pay period beginning on or after , 20 .

Signature: _____

Date: _____

I do not wish to participate in wage deferrals to the Plan at this time.

Signature: _____

Date: _____