

DEFERRAL ELECTION FORM

Return This Form to Employer for Payroll Processing

COMPANY NAME:

PARTICIPANT INFORMATION

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Participant's Name (Last, First, Middle Initial)

Social Security Number

Birthdate

PURPOSE & EFFECTIVE DATE

Initial Enrollment Change of Prior Election Cancellation

Effective Date of Election: _____ (if left blank, change processed on next payroll)

SALARY DEFERRAL ELECTION

Subject to the requirements and limitations of the Plan, I elect to have the following amount withheld from my eligible compensation* and deposited into the Plan each pay period:

- I elect to defer [] % of my eligible compensation* each payroll
- I elect to defer \$ [] of my eligible compensation* each payroll
(the maximum dollar amount is subject to the IRS calendar year maximum)

* For purposes of determining the amount of deferrals under the Plan, the Plan may exclude certain types of compensation. See your Summary Plan Description if you have questions regarding the definition used for deferral purposes under the Plan.

CATCH-UP CONTRIBUTIONS (FOR PARTICIPANTS AGE 50 OR OLDER IN THE YEAR OF DEFERRAL)

- I authorize the company to withhold salary deferrals from my account in excess of the "normal" IRS limit if my percentage of pay election or the dollar amount I have indicated above take my total deferrals over that limit. I understand that these "extra" deferrals will be deemed catch-up contributions to the extent that the catch-up contributions themselves do not exceed the annual catch-up limit.

CHANGES TO DEFERRAL AMOUNTS

The Employer agrees to contribute the amount designated above as salary deferrals into the appropriate accounts under the Plan. I understand that I may change or cancel my election by completing a new election form as authorized under the Plan's deferral election procedures. I understand that my election will be processed in the time and manner provided in the Plan's administrative procedures.

AUTHORIZATION

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Participant's Signature

Date

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Employer's Signature

Date