

# DEFERRAL CHANGE FORM

This form is used for **Deferral** changes only. Please refer to section 4 for additional information regarding investment elections. If you have any questions about this form, please speak with your company's Human Resources representative or call our Participant Service Center, weekdays between 8:30 a.m. and 8 p.m. ET at **888-401-5488**.

## 1. Personal Information (Please print)

<b>Name</b>	<b>Social Security Number</b>	<b>Employee Number</b>	<b>Location</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Date of Birth</b>	<b>Date of Hire</b>	<b>Marital Status</b>	

In accordance with the provisions of the Plan permitting Participants to make salary reduction contributions (deferrals), I enter into this Salary Deferral Agreement with my Employer by completing this Deferral Change Form. I understand that the amounts and types of compensation which may be deferred are outlined in the Summary Plan Description for this Plan.

## 2. Deferral Amount

The amount I elect to defer will be withheld from my paycheck and paid by my employer into the Plan on my behalf.

- Effective \_\_\_\_\_ I wish to defer \_\_\_\_\_% from my compensation each payroll period.
- Zero.** I wish to stop my deferrals effective the next payroll period.

## 3. Type of Deferral

- Pre-tax deferrals.** All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current Compensation includible in income for the taxable year of the deferral.
- Roth (after-tax) deferrals.** All of my deferrals as Roth (after-tax) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current Compensation includible in income for the taxable year of the deferral.
- Split deferral election.** A portion of my deferrals as pre-tax deferrals and a portion of my deferrals as after-tax Roth deferrals, as follows:
- \_\_\_\_\_% of my Compensation as pre-tax deferrals, AND \_\_\_\_\_% of my Compensation as Roth (after-tax) deferrals (in both blanks indicate at least 1% and specify a whole percentage number).

**I understand: (1) My election in Section 3 regarding the type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and (2) any change of election regarding the type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.**

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### 4. Additional Information Regarding Deferrals

**Investment Elections.** Investment elections for deferrals will default to your current investment election. Changes to your investment elections, for any contribution source, can be made online at [www.plandestination.com](http://www.plandestination.com).

**Frequency.** This Agreement applies to Compensation (e.g., to each paycheck) paid after the effective date of the Agreement.

**Maximum deferrals/catch-up.** My deferrals for any calendar year may not exceed the "402(g) limit", unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called "catch-up" contributions, in an amount not exceeding the applicable annual catch-up limit. For 2015, the 402(g) limit is \$18,000 and the catch-up limit is \$6,000. The 402(g) limit and catch-up limit are indexed for inflation after 2015. My deferrals, including "catch-up" contributions may not exceed 100% of my Compensation.

**Effective date/term/changes.** This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Reduction Agreement. Modifications are permitted as of the first of each plan year quarter. I am also permitted to revoke my agreement at any time. If I revoke my Agreement, I may not file a new Agreement that is effective earlier than the first of the next plan year quarter. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

**Investment.** My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

**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 deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

#### 5. Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
*Participant Signature*

#### For Employer Use Only

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Employer

By: \_\_\_\_\_