

Generic 401(k) Plan Enrollment/ Change Form

Indicate Action:

- New Enrollment
- Contribution Change
- Discontinue Contribution
- Re-Enrollment

Employee Data:

Last Name _____

First Name _____

Middle Name _____

Employee Number _____

Social Security Number _____

Address _____

City _____

State _____

Zip _____

Date of hire _____

Date of birth _____

Marital Status

Single

Married

Contribution:

I wish to contribute _____ (from 1% to 100%) as before-tax contribution

I understand that this will reduce the amount of my taxable compensation reported on Form W-2.

Election Not to Defer:

I do not wish to make salary deferral elective contribution to this plan at this time

You must input your future Investment Elections. If contributions are submitted for a participant who has no investment elections on file, those contributions will be invested in the a money market fund.

Authorization:

This authorization replaces any previous one. I understand that these instructions will remain in effect until I change them in accordance with Plan rules. I hereby authorize the deductions from my pay indicated above as Plan contributions to me made on my behalf by my Employer. If necessary to meet Internal Revenue Service requirements for the Plan, I understand that (i) my contribution may be reduced, (ii) my contribution may be refunded to me, and / or (iii) my before-tax contributions may be re-characterized and treated as after- tax- contributions. I acknowledge (i) that I could have received the amount of these contributions in cash and (ii) that my elective contributions, my Employer's non-elective contributions, and any investment earnings are subject to withdrawal restrictions under the terms of our Plan and the Internal Revenue Code.

These instructions will be effective as soon as administratively feasible and allowable under the rules of the Plan.

I understand that the Trustee shall provide me a statement of my Account and the value of the shares held in each Investment Option. I understand and agree that I will have sixty days after the Trustee's mailing of each such quarterly statement within which to file with the Trustee any written objections to such quarterly statement. I agree that upon the expiration date of each such period, the Trustee shall be forever released and discharged from all liability and accountability to me and my beneficiaries with respect to the propriety of its acts and transactions shown on such quarterly statement, except with respect to any such acts or transactions as to which I file written objections within such sixty-day period with the Trustee.

Signature _____

Date _____