

# 401(k) CONTRIBUTION FORM

## Participant Information

Participant Name \_\_\_\_\_

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

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Hire \_\_\_\_\_

Marital Status:  I am not married.

I am married.

## Contribution Amount Limits

I understand I am eligible to contribute to the Plan up to 100% of my gross compensation (less any contributions by my employer) but not more than \$18,000 during calendar year 2017. If I am age 50 or older by December 31, 2017, I am also eligible to make a Catch-Up contribution to the Plan of up to \$6,000.

## Type of Election (Check One)

Initial Election

Change to Current Election

## A. Election of 401(k) and Catch-Up Contributions

I hereby authorize and direct my employer to withhold the following amount from my gross compensation and deposit such amount into the Plan. Such amount includes any Catch-up contribution I am eligible to make for the year. (Check one of the following.)

1.  *PER CHECK AMOUNT.* I hereby elect to contribute the following amount from each paycheck:

\_\_\_\_\_ % (Enter whole percentage you wish to contribute.)

OR

\$ \_\_\_\_\_ (Enter whole dollar amount you wish to contribute.)

2.  *YEARLY AMOUNT.* I hereby elect to contribute the following dollar amount for the year (or the remainder of the year if I submit this form after the first payroll check in 2017). My Yearly Amount will be prorated and deducted in equal dollar amounts from my remaining paychecks during the remainder of the calendar year.

\$ \_\_\_\_\_ (Enter whole dollar amount you wish to contribute.)

3.  *MAXIMUM AMOUNT.* I hereby elect to contribute the maximum amount each calendar year allowed by the government. This amount will be prorated and deducted in equal dollar amounts from my paychecks throughout each calendar year.

## B. Election to Suspend Contribution

I hereby elect to suspend further contributions to the Plan and direct my employer to make no further deductions from my compensation.

## C. Authorization

I understand my contributions will be deducted from my compensation through payroll deduction and paid by my employer into the Plan on my behalf. My election will remain in force until I terminate my employment or change my election, whichever occurs first.

I understand that if I wish to change or suspend my contribution, I must complete a new 401(k) Contribution Form.

Participant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Return completed contribution form to the Plan Administrator**

## FOR OFFICE USE ONLY

Plan Administrator Signature \_\_\_\_\_

Date Signed \_\_\_\_\_