

_____ (plan sponsor name)

401K PLAN Enrollment Form

Employee Information

Last Name	First	Middle	Hire Date
Address			Birth Date
City, State, Zip			Social Security Number

Check only one:

<input type="checkbox"/> I wish to defer part of my salary in the 401K plan	Effective Date: _____
<input type="checkbox"/> I do not wish to defer salary into the 401K plan	Effective Date: _____
<input type="checkbox"/> I wish to change my election	Effective Date: _____

I hereby acknowledge receipt of the Summary Plan Description of the above-designated Plan and hereby revoke all or any other authorizations for withholding and contribution to the Plan and hereby designate and authorize my Employer to withhold:

\$ _____ or _____% per payroll as Traditional 401k Deferrals (pre-tax dollars) % per

\$ _____ or _____ payroll as Roth 401k Deferrals (post-tax dollars)

(You may choose to split your deferral election between traditional and Roth 401K)

(Total of Traditional and Roth deferrals may not exceed the annual deferral limit (\$18,000 for 2017)
(Additional \$6,000 for individuals age 50 or older during the plan year.)

I authorize the above amount(s) to be deducted from each of my pay checks and direct the money to be deposited with the Trustee of the Plan as my salary reduction contribution to the Plan. Further, I hereby instruct the Trustee to invest all monies held by me in my account balance in the funds and in the percentages designated on the attached form, including all vested employer and employee contributions.

Duty to Review Pay Records. I understand that I have a duty to review my pay records to confirm the Employer has properly implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Enrollment Form. I understand that my failure may result in a loss of or reduction in my benefits.

THIS ELECTION SHALL CONTINUE UNTIL AND UNLESS CHANGED BY MY WRITTEN ELECTION.

I authorize the above election to the 401K plan adopted by my employer. In addition I acknowledge that I have received a copy of the Summary Plan Description and that I have read and reviewed them on the date stated below:

Signature of Participant

Date

