



EMPLOYEE FIDUCIARY

Wage Deferral Agreement

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth date: _____

Marital Status: Married Single

Contribution Information

Regular 401(k) contributions. You are hereby authorized to reduce my regular wages by _____% or \$_____ each pay period for contribution on a pre-tax basis to the 401(k) Plan.

No contributions. I do not wish to participate in wage deferrals to the Plan at this time.

1. I understand that I may elect to start, increase, or decrease my elections effective as of the dates established pursuant to Plan procedures. However, I may revoke my election at any time by so advising the Plan Administrator (Employer).
2. If I revoke my election, I may resume contributions only as of the participation dates specified in the Summary Plan Description (SPD).
3. I understand that I must give the Plan Administrator at least 15 days written notice of any change or revocation of an election.
4. I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed in the SPD.
5. I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.
6. The election indicated on this form is effective for the first pay period beginning on or after _____, 201____.

Participant Signature: _____ Date: _____



EMPLOYEE FIDUCIARY

Designation of Beneficiary Form

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth date: _____

Sex: Male Female Marital Status: Married Single

Federal law requires a married person to name his or her spouse as SOLE primary beneficiary, unless the spouse consents in writing to another designation or additional beneficiaries, and this consent is witnessed by a Notary Public.

Plan Name: _____

Primary Beneficiary(ies)

Name	Relationship	Birth Date	% Share of Proceeds
1.			
2.			

Secondary Beneficiary(ies)

Name	Relationship	Birth Date	% Share of Proceeds
1.			
2.			
3.			

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) or primary beneficiaries and secondary beneficiaries.

The trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the secondary beneficiary, and if no named beneficiary survives me, the then Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary in each group equally to the living beneficiaries in the group.

Participant's Signature _____

Date _____

NOTE: If you are married, please complete required spousal consent form on page 2.

Designation of Beneficiary Form - Spousal Consent

If you are married, your spouse is automatically your SOLE primary beneficiary, unless you designate another beneficiary, and your spouse consents by signing below. If your plan provides that the death benefit be paid in the form of a joint and survivor annuity or a pre-retirement survivor annuity to your surviving spouse, then the designation of a primary beneficiary other than your spouse will be a waiver of this automatic annuity as well.

This section must be completed by your spouse if you are married and name a primary beneficiary other than, or in addition to, your spouse.

I hereby consent to the designation of the beneficiary(ies) listed on the previous page, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Participant's Spouse

Date

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____ ss

On this _____ day of _____, 20____, personally appeared before me

_____, the spouse of _____.

Said Spouse:

is to me known and known to me to be the person described herein

or

was proved to me (on the basis of satisfactory evidence described herein) to be the person who executed the foregoing instrument and who acknowledged that he (or she) executed the same of his (or her) own free will.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on this _____ day of _____, 20____.

(SEAL)

Notary Public

My commission expires: _____