

EMPLOYEE DEFERRAL CHANGE FORM

NAME OF PLAN: _____

PARTICIPANT NAME: _____ SOC.SEC.#: _____

ADDRESS: _____

CHANGE CONTRIBUTION PERCENT (PRE-TAX) - I elect to change the percent of my pre-tax contribution. (Specify in whole percentage points.)

_____ %

STOP CONTRIBUTIONS - I elect to stop my tax-deferred contributions. I understand that I may not resume contributions to the 401(k) Plan until the next change date.

REINSTATE CONTRIBUTIONS - I elect to resume participation and contribute the following percentage of my pre-tax pay to the Plan. (Please specify in whole percentage points.)

_____ %

CHANGE BENEFICIARY DESIGNATION - In case of my death during my employment with the Company, I designate the person named below to receive any account balance that is associated with my contributions to the 401(k) Plan. (Note: By law, if you are married and you do not name your spouse as your beneficiary, a special beneficiary designation form on which your spouse authorizes your naming someone else must be completed and signed.)

I designate my beneficiary as follows:

Name Relationship

Address _____

AUTHORIZATION - My signature authorizes the Company to put the change(s) indicated above into effect. I understand that any change(s) will become **effective on the first date coincident with or next following this signed and dated election form.**

Signature _____ Date _____

Witness _____

(Return completed form to your company's Plan Administrator.)