

401(k) Salary Reduction Agreement
& Beneficiary Designation/Change



Instructions:
Participant completes section 1-5, 7 and returns to Plan Administrator/Trustee to complete section 6.

SECTION 1 - GENERAL INFORMATION

I am electing to change the following: [ ] Personal Information [ ] Contribution Election [ ] Investment Election(s) [ ] Beneficiary Designation(s)

Form fields for Section 1: Plan Name, Current Date, Participant Name, Social Security Number, Participant Address, Date of Birth, Phone Number, Date of Hire.

SECTION 2 - CONTRIBUTION ELECTION / CHANGES

[ ] Traditional (Pre-Tax) 401(k) I elect to defer \$\_\_\_\_\_ or \_\_\_\_\_% of my earnings to the retirement plan. (Not to exceed current plan/IRS limitations.)

OR
[ ] I hereby elect to STOP my contribution to the retirement plan. Effective:\_\_\_\_\_ (Date)
[ ] I elect not to defer to the retirement plan at this time.

SECTION 3 - INVESTMENT ELECTION(S)

[ ] New enrollment allocation - complete section below [ ] Change my current allocation - complete section below

Table with 4 columns: Investment(s), % of Reduction, Investment(s), % of Reduction. Includes Subtotal and Total Reduction rows.

[ ] Transfer Funds (Inside the Plan) - If transfer affects future contributions, complete the allocations section above.

Table for fund transfers with columns: From Fund, %, To Fund, %.

## SECTION 4 - BENEFICIARY DESIGNATION / CHANGE(S)

☐ Married I understand that I must elect my spouse as my beneficiary unless he or she consents in writing to another beneficiary.

☐ Unmarried I understand that the designations made below become null and void in the event of my marriage and that I will notify my Plan Administrator or Trustee of the plan in the event of change in my marital status.

### Primary Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

### Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

### Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

## SECTION 5 - PARTICIPANT SIGNATURE

I hereby authorize the appropriate payroll deduction or stoppage based on the elections indicated above to be effective until changed by me in writing. This replaces any prior elections. I understand that these changes will be coordinated with payroll cycles. I also authorize the contributions to my account to be allocated using the elections above. This replaces any prior elections. I understand that these allocations will be in effect until changed by me in writing. I also understand that it is my responsibility to review my pay records to confirm my employer has properly implemented my salary deferral election. I also have a duty to report any discrepancy between my pay records and this salary deferral agreement. I understand that the Plan Administrator will treat my failure to report any errors in the withholding for any payroll to which this salary reduction agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount that is actually withheld (including zero). I understand that, thereafter, I may modify my salary deferral election consistent with the plan terms.

I understand that if I outlive my Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies).  
For additional space, please attach a separate page providing all designation information and the percentage share for each.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

## SECTION 6 - TRUSTEE APPROVAL

I, the authorized Plan Representative, certify, under penalties of perjury, that based on the Plan Sponsor's records, the number shown on this form is the correct taxpayer identification number (Social Security Number) of the Participant and that the Participant is a U.S. citizen (including a U.S. Resident Alien). I also certify that the above information is complete and correct.

\_\_\_\_\_  
*Signature of Trustee*

\_\_\_\_\_  
*Date*

## SECTION 7 - SPOUSAL CONSENT

I, \_\_\_\_\_, spouse of the Participant, hereby consent to the designation by my spouse of the Primary Beneficiary(ies) and Contingent Beneficiary(ies) named above, to receive any benefit that becomes payable by reason of the death of my Spouse. I also consent to the payment of death benefits to such Beneficiary(ies) in any form provided by the plan.

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
*Date*

**Must be witnessed in the presence of:**

\_\_\_\_\_  
*Notary Public or Plan Administrator/Trustee*

\_\_\_\_\_  
*Date*