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**SPECIAL PAYROLL DEFERRAL ELECTION FORM
 (FOR BONUS AND/OR COMMISSIONS)**

Plan Name: _____

Employee Name: _____ **Employee SS#:** _____

Instructions:

- 1) Enter your Plan name, your Full Name and your Social Security Number above.
- 2) If you are electing to make contributions to your Plan, enter either a percentage or dollar amount in the appropriate box.
- 3) Sign, date and return this form to your Employer for payroll processing.

The salary deferral option of the above Plan has been explained to me, and pursuant to that explanation, I hereby make the following salary deferral election: For the specified "Special Payroll" ONLY, I hereby authorize my Employer to deduct stated amount or percentage and transmit that amount to the Plan.

Note: Please contact your Employer or Plan Administrator for information on the maximum dollar amount that you can contribute each year and the additional "catch-up" contribution amount, which can be made beginning in the calendar year in which you become 50 years of age.

Special Payroll Date: _____

- | | |
|--|---|
| <input type="checkbox"/> _____ % (pre-tax) | <input type="checkbox"/> \$ _____ (pre-tax) |
| <input type="checkbox"/> _____ % (Roth) | <input type="checkbox"/> \$ _____ (Roth) |

I understand (1) that this election is ONLY for the indicated "Special Payroll", (2) that I can cease my standard election upon reasonable advance notice not to exceed 30 days, (3) that I can change my standard election in accordance with the provisions in the Summary Plan Description, and (4) that it may be necessary for the plan to reduce the percentage or dollar amount I have indicated above if the reduction is necessary for the plan to comply with certain non-discrimination and/or maximum deduction tests required by the Internal Revenue Code.

Employee Signature: _____ **Date:** _____