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

IMPORTANT: Complete this form only if your Plan provisions include bonuses and/or commission payments in the definition of "compensation" and you wish to make specific deferral elections for your bonuses and/or commission payments ("Special Payrolls"). See your Summary Plan Description for your Plan's definition of "compensation". Return the completed form to your Employer.

PARTICIPANT INFORMATION		
Plan Name:		
Employee Name:	Social Security #:	Date of Birth:
PARTICIPANT ELECTION	ONS	
This Election is effective for Sp	pecial Payrolls paid on or after//	
[] I do not wish to ha	we deferrals withheld from my Special Payrolls.	
[] I rescind any prior any future Special	Special Payroll Deferral Elections and wish that re Payrolls.	my standing Standard Deferral Election apply to
	e following deferrals withheld from any future Sp tion form to my Employer should I decide to chang	
[] <u>Pre-Tax Elective I</u> payrolls and to contril	Deferral Contributions. I with to deduct% bute the assets as pre-tax elective deferral contribut	6 or \$ from each of my Special tions to the Plan.
[] <u>Roth Elective Defe</u> and to contribute the a	erral Contributions. I with to deduct% or assets as Roth After-tax elective deferral contribution	\$ from each of Special Payrolls ons to the Plan.
be more than 100% of your information on the maximum	t entered for pre-tax elective deferral contributions compensation or the IRS deferral limit. Please c a dollar amount that you can contribute each year a g in the calendar year in which you become 50 yea	contact your Employer or Plan Administrator for nd the additional "catch-up" contribution amount,
date of this form, (2) I can submitting a new election for	ction is my standing election for all future bonus and change or cease my standing election upon reason to my Employer, and (3) it may be necessary for the reduction is necessary for the Plan to comply whe Internal Revenue Code.	onable advance notice not to exceed 30 days by the plan to reduce the percentage or dollar amount
Employee Nome:	Employee Signature	Effective Date:

Rev: 8.5.2019