



**SPECIAL PAYROLL DEFERRAL ELECTION FORM
(FOR BONUS 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 ELECTIONS

This Election is effective for Special Payrolls paid on or after ____/____/_____.

- I do not wish to have deferrals withheld from my Special Payrolls.
- I rescind any prior Special Payroll Deferral Elections and wish that my standing Standard Deferral Election apply to any future Special Payrolls.
- I wish to have the following deferrals withheld from any future Special Payrolls and contributed to the Plan. I will submit a new election form to my Employer should I decide to change these elections at a future date:
 - Pre-Tax Elective Deferral Contributions. I wish to deduct _____% or \$_____ from each of my Special payrolls and to contribute the assets as pre-tax elective deferral contributions to the Plan.
 - Roth Elective Deferral Contributions. I wish to deduct _____% or \$_____ from each of Special Payrolls and to contribute the assets as Roth After-tax elective deferral contributions to the Plan.

Note: The combined amount entered for pre-tax elective deferral contributions and Roth elective deferral contributions may not be more than 100% of your compensation or the IRS deferral limit. 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.

I understand that (1) this election is my standing election for all future bonus and/or commission payments following the effective date of this form, (2) I can change or cease my standing election upon reasonable advance notice not to exceed 30 days by submitting a new election form to my Employer, and (3) 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 Name: _____ **Employee Signature:** _____ **Effective Date:** _____