

**ENROLLMENT/CHANGE FORM**

Plan Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

You must complete this form whether you choose to participate in the plan or not. **If not participating**, complete only sections 1, 3, and 5. **If participating**, complete sections 1-5. This election will remain in effect until a change is made on a new form during the appropriate qualification period.

**1. EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**2. TYPE OF ENROLLMENT**     New             Change            Effective Date: \_\_\_\_\_

**3. PARTICIPANT INFORMATION**

- I choose to** participate in the Plan.
- I choose not to** participate in the Plan.
- I want to **change** my current contribution amount.
- I want to **stop** my payroll contributions.
- My **beneficiary** has changed (fill out a new Designation of Beneficiary Form and return to your employer).

**4. SALARY DEFERRAL INFORMATION**

1. I authorize the Company to withhold from wages each pay period (including bonus checks) an amount equal to \$ \_\_\_\_\_ dollars or \_\_\_\_\_% of my compensation.
2. My Employer agrees to withhold such amount and credit it to my 401(K) profit sharing plan account.
3. My Employer shall pay to the Trustee all such amounts withheld for crediting to my account.
4. I have the right to change, amend, or otherwise revoke this agreement subject to plan administration provisions.
5. If this Agreement is revoked in its entirety, I understand I cannot participate again until the next qualification period pursuant to plan provisions.

**5. SIGNATURE**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_