

**401(k) Profit Sharing Plan and Trust
BONUS CHECK Contribution Election Form**

Use this form only to make one-time change to your rate of contribution for a specifically dated bonus check indicated by a check date below. Prior contribution elections will be restored on the next scheduled check date after the bonus check is processed. This form cannot be used to issue a "standing order" for bonus check processing. Each bonus check date will require its own change form.

Employee Information

First Name	Last Name
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Employer Name: _____

I elect to **OPT OUT** of 401k Contributions on my **BONUS check to be dated:** _____
I understand my regular contribution settings will be reinstated after the above check date.

I elect a specific contribution rate or amount for my **BONUS check to be dated:** _____
I understand my regular contribution settings will be reinstated after the above check date.

Please Use the Following Election:

Before-Tax Contributions

I wish to contribute the following my eligible BONUS pay on a before-tax basis:
 _____ % of my pay OR \$ _____ per check

I do **not** wish to make before-tax contributions on my BONUS check.

After-Tax/ROTH Contributions

I wish to contribute the following of my eligible BONUS pay on an after-tax/ROTH basis:
 _____ % of my pay OR \$ _____ per check

I do **not** wish to make after-tax contributions on my BONUS check.

Authorization and Signature

I hereby authorize a payroll deduction of Plan contributions in accordance with the level(s) I have indicated. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the Plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the 401(k) Profit Sharing Plan and Trust. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither the Plan Sponsor, the Plan Trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Plan Administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the Plan Administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this Enrollment/Change Form. I understand I may modify my deferral rate prospectively, at the time I notify Plan Administrator in writing, consistent with the Plan terms. I understand that if the above election exceeds the yearly maximum contribution for the plan year, a lesser amount will be deducted up to, but not to exceed, the federal limits.

Employee Signature: 	Date:
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