

2024 BONUS DEFERRAL ELECTION FORM

IMPORTANT: *This Bonus Deferral Election Form must be signed and returned to your Plan Administrator. Please see the Summary Plan Description for further information on the eligibility requirements for making elective deferrals.*

PARTICIPANT INFORMATION

Last Name		First Name	MI
Address - Number and Street		City	State Zip
Date of Hire: ____ / ____ / ____			
() Work Phone		() Home Phone	

PARTICIPANT ELECTIONS

The Election is effective for bonuses paid on or after ____ / ____ / ____.

Elective Deferral Amount. You may elect to make two types of contributions under the Plan: (i) pre-tax elective deferral contributions, and (ii) Roth elective deferral contributions.

- I do not wish to have deferrals withheld from my bonus payments and contributed to the Plan.
- I wish to have deferrals withheld from my bonus payments and contributed to the Plan.
- Pre-Tax Elective Deferral Contributions. I authorize to deduct ____% or \$ _____ from each of my bonus payments and to contribute the assets as pre-tax elective deferral contributions.
- Roth Elective Deferral Contributions. I authorize to deduct ____% or \$ _____ from each of my bonus payments and to contribute the assets as Roth After-tax elective deferral.

PLEASE NOTE: The IRS maximum for pre-tax elective deferral contributions and Roth elective deferral contributions combined is \$23,000 (for 2024). However, if you are age 50 or over, you may defer an additional amount up to \$7,500 (for 2024) in Catch-up Contributions.

STATEMENT OF UNDERSTANDING

Please read and check off all boxes below:

- I have completed, understood, and agree to the terms in this Bonus Deferral Election Form and have read the Summary Plan Description in full.
- I understand that I may elect to start, increase or reduce my elections as of plan’s entry dates by giving 30 days written notice to the Committee. However, I may totally suspend my elections at any time by so advising the Plan Administrator. If I totally suspend my elections I may resume contributions only as of the dates specified above. Additionally, I may start, increase or reduce my election during the 30 day period following receipt of the Safe Harbor Notice.
- I understand that I must give the Plan Administrator sufficient time to process any change or revocation of an election. I understand that this Bonus Deferral Election Form will be processed in a timely manner, typically within a 15 day period.
- I understand that the election indicated on this Bonus Deferral Election Form will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed above and in the Summary Plan Description.
- I understand that this agreement supersedes and nullifies any prior Bonus Deferral Election Form under this Plan.

Dated this ____ day of _____, 20____.

Signature of Participant

Print Name of Participant