

2024 DEFERRAL ELECTION FORM

IMPORTANT: This 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 the first pay period beginning on or after ____/____/____.

Elective Deferral Amount. You may elect to make pre-tax elective deferral contributions.

I do not wish to have deferrals withheld from my wages and contributed to the Plan.

I wish to have deferrals withheld from my wages and contributed to the Plan.

Pre-Tax Elective Deferral Contributions. I authorize to deduct ____% or \$_____ from my wages each pay period and to contribute the assets as pre-tax elective deferral contributions to the 401(k) Profit Sharing Plan.

PLEASE NOTE: The amount entered for pre-tax elective deferral contributions may not be more than 100% of your compensation or the IRS deferral limit. The IRS maximum for pre-tax elective deferral contributions 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 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 the 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 Deferral Election Form will be processed in a timely manner, typically within a 15 day period.

I understand that the election indicated on this 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 Deferral Election Form under this Plan.

Dated this ____ day of _____, 20____.

Signature of Participant

Print Name of Participant

PLAN INVESTMENT INFORMATION

If you have not made an investment election your funds will be invested as directed by the Plan Administrator. You can change your investment election by returning an investment election form to the plan administrator. Subject to any additional restrictions placed on investment timing by the actual investment, your elections will be subject to such rules and limitations as the Plan Administrator may prescribe.