

2025 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 one type of contribution under the Plan: (i) 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.

The IRS maximum for pre-tax elective deferral contributions and Roth elective deferral contributions combined is \$23,500 (for 2025). However, if you are age 50 or over, you may defer an additional amount up to \$7,500 (for 2025) in Catch-up Contributions. New for 2025, if you are between the ages of 60 - 63 as of the end of the calendar year, you may be able to defer an additional amount, increasing your catch-up limit to the "enhanced catch-up limit" of up to \$11,250 (for 2025).

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.