

401(K) SALARY REDUCTION AGREEMENT

Retirement Plan Contribution Election

1. EMPLOYEE INFORMATION

Employee Full Name _____
Social Security Number (Last 4 Digits) / Employee ID _____
Mailing Address _____
Phone Number / Email _____

2. CONTRIBUTION ELECTION

Select one of the options below to specify your contribution percentage or flat dollar amount per pay period. Contributions are subject to annual IRS limits.

- Pre-Tax 401(k) Contribution:** I elect to contribute _____ % of my compensation OR \$ _____ per pay period.
- Roth 401(k) Contribution (Post-Tax):** I elect to contribute _____ % of my compensation OR \$ _____ per pay period.
- Decline Participation:** I elect NOT to contribute to the 401(k) plan at this time. I understand I may enroll at a later date subject to plan guidelines.

3. EFFECTIVE DATE

This agreement shall be effective for compensation paid on or after: _____

4. AUTHORIZATION & AGREEMENT

By signing this agreement, I hereby agree and acknowledge that:

1. My employer is authorized to reduce my eligible compensation by the amount specified above and contribute this amount to the retirement plan on my behalf.
2. This agreement will remain in effect until I submit a new Salary Reduction Agreement or until my employment terminates.
3. I can change or terminate my contribution election in accordance with the rules established by the plan administrator.
4. My contributions are subject to statutory limitations defined by the Internal Revenue Code.

Employee Signature _____
Date _____

5. EMPLOYER USE ONLY

Date Received _____
Effective Payroll Cycle _____
Authorized Representative Signature _____
Date Processed _____

