

Client Name : _____

BONUS ELECTION FORM

Name of Participant: _____

Social Security No.: _____

_____ I do not wish to defer any portion of my bonus to the 401(K) Plan

_____ I wish to defer a portion of my bonus to the 401(K) Plan.

The amount I wish to defer is:

\$ or % _____ per pay period.

Signature of Participant

The effective date of this bonus is: _____

NOTE:

The portion of the Employee salary deferral is allocated to the Employee Deferral Account in the Plan is always 100 % vested.