

Salary Deferral Election

Name of Employer:

Participant's Name:

As a Participant in my Employer's Salary Deferral Plan, I hereby elect to defer the following amounts of my Compensation, which shall be contributed to the Plan on my behalf. This election is to be effective as soon as administratively practicable, but not earlier than the next election date permitted by the Plan.

- Defer _____% of my compensation.
- Defer a % of my compensation equal to \$_____ from each paycheck.
- DO NOT defer any amount from my compensation at this time.

This election will stay in effect until I cancel or change it by filing another election with my Employer. I understand that I may file a new election, which will be effective for future payrolls, only at the times permitted by the Plan.

Participant _____

Date _____

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**File this form with your payroll department.
DO NOT file this form with Advantage Administrators.**

