



Participant Information	
Name:	Social Security Number:
Deferral Elections	
Check the appropriate option listed below to make changes to your salary deferrals:	
<input type="checkbox"/>	I elect to CHANGE my Salary Deferral Contribution to _____% of my pay.
<input type="checkbox"/>	I elect to CHANGE my Designated Roth Contribution to _____% of my pay.
<input type="checkbox"/>	I elect to STOP all deferral contributions made on my behalf to the Plan. This election will not prohibit any future election on my part to resume deferral contributions.
Required Signatures	
I understand that this election shall remain in force until changed and that I have the right to change the amount(s) indicated at my discretion.	
Participant Signature:	Date:
Plan Administrator Signature:	Date: