

## Profit Sharing Program Contribution Agreement

**Instructions:** Only use this form if you already completed an Account Application.

Employee Information (Please complete all sections.)			
Employee Name		Social Security Number	
Street Address	Daytime Phone	Date of Hire	
City	State	Zip Code	Date of Birth
Employer Name and Address			

Check one:     New Agreement     Change to previous Agreement

Contribution Election
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Indicate the amount of compensation you want to contribute to the Plan each payroll period or check the box if you choose not to contribute at this time. In any year that you are age 50 or older, you may choose to defer up to the additional catch-up contribution limit permitted within the Plan by including that amount in your election.

You may choose a Profit-Sharing contribution, however the sum cannot exceed the annual contribution limit.

Refer to your Plan's contribution limits for additional information.

**Profit Sharing contribution:**     \$\_\_\_\_\_ (must be a dollar amount)

**Prior Year contributions:**     \$\_\_\_\_\_ (must be a dollar amount)

I choose not to contribute at this time. I understand that I may elect to begin contributing on any future date permitted by the Plan.

Contribution Frequency:

Annual     Semi Monthly (1<sup>st</sup> and 15<sup>th</sup>)     Monthly (1<sup>st</sup> business day of month)

Contribution Amount (select one):

Profit Sharing Contribution Amount \$\_\_\_\_\_

Contribution Start Date

Indicate Start Month \_\_\_\_\_ or  Start Immediately

## Profit Sharing Program Contribution Agreement

Prior Year Contributions Frequency (prior year contributions can be made from January through April)

January  February  March  April

If you are submitting a Contribution by check please make it payable as follows:

**Charles Schwab Trust Bank**  
**Custodian for the 401(a) Program - #107883**

Please note the payment must be in the form of a Money Order or Cashier's Check. The Plan does not accept personal checks.

### INVESTMENT ELECTIONS – In what fund(s) would you like to invest?

INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Non-US ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Value Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Ares Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
		<b>TOTAL</b>	<b>100%</b>

### Bank Information

ACH (Automated Clearing House) pull may only be used for contributions. Complete this section if you want your contributions to be taken directly from your bank account.

Bank Name	<i>Bank Phone</i>
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number	Bank Account Number

## Profit Sharing Program Contribution Agreement

### Employee Acknowledgement

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my contribution election. Furthermore, I have a duty to inform the Employer or its designee if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Employer or its designee will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my election prospectively, consistent with the Plan terms.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Send completed form to:**

USI Consulting Group

Attn: Touchstone Investments Service Team

95 Glastonbury Blvd., Suite 102

Glastonbury, CT 06033-6503

Phone: (866) 305-8846, Plan Code 656

Fax: (610) 537-2708

Email: [Touchstonefinancialadvisors@usi.com](mailto:Touchstonefinancialadvisors@usi.com)