

401(k) Program Salary Deferral 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

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 both pre-tax and employer contributions, however the sum of both cannot exceed the annual contribution limit.

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

Pre-tax contributions: \$ _____ (must be a dollar amount)

Employer contributions: \$ _____ (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 (1st and 15th) Monthly (1st business day of month)

Contribution Amount (select one):

Pre-tax amount \$ _____ **or** Employer Contribution Amount \$ _____

Contribution Start Date

Indicate Start Month _____ **or** Start Immediately

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

January February March April

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

Charles Schwab Trust Bank
Custodian for the 401(k) Program - #107881

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

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

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 salary reduction 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 deferral 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 657
Fax: (610) 537-2708