



WEB

SIMPLE IRA Plan Salary Deferral Agreement Enrollment Form

1. General Information

_____ Employee's Name		_____ Employer's Name
_____ Employee's Address		_____ City
_____ State	_____ Zip Code	_____ Social Security Number
_____ Telephone (Home)		_____ Telephone (Work)

By the terms of this Salary Deferral Agreement ("Agreement") made between the above named employee ("Employee") and the above named employer ("Employer"), the Employer and Employee hereby agree as follows:

2. Salary Deferral Election

Initial Salary Deferral Election

I authorize and direct my Employer to withhold the following percentage of Compensation and to contribute such amount to the SIMPLE Retirement Account ("SRA") which has been established pursuant to the terms of the Plan:

_____ % of Compensation; or \$ _____, which is _____ % of Compensation.

This election will be effective _____ and shall continue indefinitely until amended or terminated by me or by operation of the Plan or by law. Such date shall not be contrary to any terms of the Plan.

If no date is entered, the Agreement shall become effective as of the first day of the first payroll period immediately following the execution of this Agreement.

Total Elective Deferrals per calendar year shall not exceed the maximum amount allowed by applicable law (\$12,000 in 2003, as adjusted for inflation thereafter). Your interest in the balance in your SIMPLE IRA account is nonforfeitable at all times.

Amended Deferral Election

I, as a Participant in the Plan, I hereby authorize and direct my Employer to amend the amount of Elective Deferrals as follows:

From: _____ % of Compensation; or \$ _____, which is _____ % of Compensation.

To: _____ % of Compensation; or \$ _____, which is _____ % of Compensation.

This amended election will become effective on _____ and shall continue indefinitely until amended or terminated by me or by operation of the Plan or by law. Such date shall not be contrary to any terms of the Plan.

If no date is entered, the Agreement shall become effective as of the first day of the first payroll period immediately following the execution of this Agreement.

Total Elective Deferrals per calendar year will not exceed the maximum amount allowed by applicable law (\$12,000 in 2003, as adjusted for inflation thereafter).



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Catch-up Contributions

I, as a Participant, I certify that I am eligible to make Catch-up Contributions to the Plan. I hereby authorize the Employer to deduct _____% or a flat dollar amount of \$_____, of my Compensation which I understand will be contributed by the Employer to the Plan for allocation to my account. I also understand that this amount will not be deemed a Catch-up Contributions until the last day of the Plan Year and may be disallowed in which case it will be returned to me and taxable to me (unless the Plan permits Voluntary After-tax Contributions).

Deferrals over \$12,000 (as indexed) will be classified as Catch-up Contributions

Terminated Deferral Election

You are permitted to terminate this Agreement at any time. To do this you must execute and return this Agreement to the Plan Administrator. Your request to terminate your deferral election will become effective as soon as practical after receipt of your request or, if later, the date you have specified below.

As a Participant in the Plan, I hereby direct and authorize my Employer to terminate my Elective Deferrals effective on _____.

If no date is entered, the Agreement shall become effective as of the first day of the first payroll period following the execution of this Agreement.

If you terminate this Agreement outside an election period you may not make a new election that is effective earlier than the beginning of the next calendar year. If you terminate a Salary Deferral Agreement during an election period, you are permitted to make a new Salary Deferral Agreement during any subsequent election period.

3. Signature

I hereby agree to be bound by the terms of this Agreement on this _____ day of _____, _____.

Employee Signature