



Complete this form if you will be making salary deferral contributions to your account. This agreement is between you and your employer. Keep a copy for your records.

Participant Information

Employee Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Employer Name _____

Address _____ City _____ State _____ Zip _____

This is an: Original Contribution Agreement Amended Contribution Agreement

Salary Deferral Information

Effective with the paycheck dated ____ / ____ / ____ (which is after the date of execution of this agreement), I instruct my Employer to defer my salary each pay period as indicated below:

\$ _____ Flat dollar amount — *or* — _____% of compensation

This agreement shall remain in effect until it is either terminated or updated with a different stated amount in writing by the Employee, or the Employee's relationship with the Employer is discontinued. The Employee is responsible for determining that his/her salary deferral does not exceed the limitations under Section 402(g) and 415 of the Internal Revenue Code. Please refer to the Participant Handbook for details.

Signatures

It is understood that the amount of salary deferral contribution will be sent directly to my Life Rewards retirement account.

The parties have signed this agreement as of ____ / ____ / ____

Employee Signature _____

Employer Signature _____ Title _____

Please **make contribution checks payable to:** Life Rewards