

# SALARY REDUCTION AGREEMENT

Plan Name:	_____
Company:	_____
Participant Name:	_____
	<i>(PLEASE PRINT: LAST, FIRST, MI)</i>
Social Security Number:	_____

As a participant in the above-named Plan, I understand the Plan permits me to reduce my compensation. The amount by which I elect to reduce my compensation shall be withheld from my paycheck and paid by \_\_\_\_\_ into the Plan on my behalf.  
*Company*

The Plan permits me to reduce my compensation up to the maximum percentage allowed by the Plan Administrator.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to reduce my pay by \_\_\_\_\_% or \$ \_\_\_\_\_ per pay period. This election authorizes my employer to withhold this amount from my paycheck every pay period, and shall remain in effect until I revoke this election in writing, or change my election percentage in accordance with a policy established by the Plan Administrator. Any questions regarding this election should be directed to the Human Resources Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Signature of Employer