401(k) ENROLLMENT FORM

Use this form to notify your employer to start your 401(k) contributions, change your savings rate, or suspend your contributions. Your employer will keep this form to update payroll.

Plan Name: _____

Participant's Name: _____

☐ START: I want to start my participation in the 401(k) portion of the plan and my contribution rate will be _____% or $_____ per pay period. *(It will become effective with your next payroll.)*

☐ I do not want to contribute to the 401(k) Plan.

☐ SUSPEND: I want to suspend my participation in the plan and reduce my contribution to zero. Please execute this request as soon as administratively possible.

☐ CHANGE: I want to change my rate of savings to _____% or $_____, per pay period. Pleas execute this request as soon as administratively possible.

Note: The annual salary reduction cannot exceed the lesser of 100% of compensation or $24,500. Participants age 50 or older may contribute up to $32,500.

For the 2026 plan year, participants ages 60–63 may contribute up to $35,750.

Please proceed with my salary deferral election as indicated above.

_____ _____

Plan Participant Date