

## Enrollment Form – Pretax

Name of Plan \_\_\_\_\_ Plan ID # \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SSN # \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

### Contribution and Investment Election

I request that my future earnings from the company be reduced by the deferral contribution amounts indicated below. The amount deducted from my earnings will be contributed to my 401(k) plan account. This election will remain in effect for future earnings until changed by me—unless the amount must be reduced to meet the terms of the plan.

I elect to contribute on a pretax basis \_\_\_\_\_% -or- \$ \_\_\_\_\_ of my pay each pay period.

Please stop at \$ \_\_\_\_\_ this year (adjust for any contributions made through another employer this year). If not entered, default will be age-based IRS determined limit for Elective Deferral plus Catch-up Contributions.

I understand that I must direct the investment of contributions by calling 1-800-354-2351 or going online at <http://rps.troweprice.com>. I also understand that unless I direct otherwise, contributions will be invested in the plan's default investment option.

I authorize my employer to withhold from my wages the amounts indicated on this form as contributions to the plan identified above. I authorize the plan trustee to invest all contributions as indicated above. I have received, read, and understand investment information on each investment selected above. My employer will implement this election as soon as administratively feasible.

\_\_\_\_\_  
Participant Signature Date

### Plan Administrator Authorization (Required)

As Plan Administrator, I acknowledge receipt of this enrollment form.

\_\_\_\_\_  
Plan Administrator Name (*please print*) Plan Administrator Signature Date

**This form is maintained by the Plan Administrator/Employer.**