

# Quick Enrollment Card

Plan Name: \_\_\_\_\_ (“the Plan”)

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Subject to requirements and limitations of the Plan, I elect to defer the following amount of my eligible compensation into the Plan each pay period:*

## Select one

- 5% of my compensation per pay period
- 10% of my compensation per pay period (expert recommended)**
- \_\_\_\_\_% of my compensation per pay period
- \$\_\_\_\_\_ per pay period

## Select one

- My pre-tax deferral account
- My Roth deferral account

*I understand that amounts withheld from my compensation as instructed above will be invested into a qualified default investment alternative provided under the Plan, and that I can make changes to those amounts and/or how my account is invested by providing written instructions to my employer (see Summary Plan Description for details on how to change your investment allocation).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_