PARTICIPANT
401(K) ELECTION – BONUS PAYMENT WITH ROTH

Plan Name: _____

Participant Name: _____

Date of Bonus: _____

As a participant in the above referenced plan, I understand that the Plan permits me to elect to reduce my compensation by an amount that will instead be contributed to the Plan on my behalf.

BONUS 401(k) ELECTION - AMOUNT
I hereby elect to have my Employer deduct from my bonus the following amount as a 401(k) contribution to the above referenced Plan. This amount shall be allocated to my account in the Plan

_____ % of my bonus **OR** $ _____

BONUS 401(k) ELECTION – TYPE OF DEFERRAL
I elect to make *(if you elected a deferral amount other than zero, you must check 1 and only 1 of the 3 boxes below)*:

☐ **Regular 401(k) deferrals (pre-tax).** All of my deferrals as Regular 401(k) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

☐ **Roth 401(k) deferrals (after-tax).** All of my deferrals as Roth 401(k) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral.

☐ **Split deferral election.** A portion of my deferrals as Regular 401(k) deferrals and a portion of my deferrals as Roth 401(k) deferrals, as follows *(if you check the "Split deferral election" box, check 1 and only 1 of the 2 options below, and complete both blank lines under the checked box)*:

    ☐ _____ % of my compensation as Regular 401(k) deferrals, AND _____ % of my compensation as Roth 401(k) deferrals [in both blanks indicate at least 1% and specify a whole percentage number].
    OR
    ☐ $ _____ as Regular 401(k) deferrals, AND $ _____ as Roth 401(k) deferrals [in both blanks indicate at least $ 1 and specify a whole dollar amount].

I UNDERSTAND: (1) MY ELECTION REGARDING THE TYPE OF DEFERRALS IS IRREVOCABLE ONCE THE EMPLOYER WITHHOLDS THE DEFERRALS FROM MY PAY; AND (2) ANY CHANGE OF ELECTION REGARDING THE TYPE OF DEFERRALS IS EFFECTIVE ONLY FOR DEFERRALS FROM MY PAY AFTER THE PLAN ADMINISTRATOR ACCEPTS MY CHANGE OF ELECTION.

_____   _____
Signature of Employee   Date