



**Family & Children's Center, Inc. 401(k) Savings Plan  
Salary Reduction Agreement**

**Account #: 1050003127**

**PARTICIPANT INFORMATION**

<b>Name:</b>		<b>Social Security Number:</b>
<b>Home Street Address:</b>		
<b>City, State, Zip:</b>		
<b>Date of Birth:</b>	<b>Date of Hire:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married

**SALARY REDUCTION/DEFERRAL AMOUNT**

This agreement is effective as soon as the Plan Administrator reasonably can implement my election after receipt, and I may modify the agreement on the first of each quarter. I authorize the Employer to withhold from my compensation (and treat as my deferrals) the following amount:

- \_\_\_\_% of my compensation (please use whole percentages). Once the 402(g) limit for the year has been met, this percentage will continue as catch up deferrals if I attain at least age 50 at the end of the plan year.
- Zero.** I hereby elect:
  1.  Not to defer any of my compensation under the Plan
  2.  To terminate my prior salary deferral agreement

**TYPE OF DEFERRAL**

**Pre-tax deferrals.** All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation includible in income for the taxable year of the deferral.

**AUTHORIZATION/ACKNOWLEDGEMENT**

In executing this Agreement, I understand my election regarding the amount and type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and any changes of election regarding the amount or type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

I understand I have a duty to review my pay records to confirm the employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand that my failure to report any discrepancy may result in a loss or reduction in my ability to defer.

<b>Signature:</b>	<b>Date:</b>
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**RETURN THIS FORM TO THE PAYROLL DEPARTMENT.**

***This form must be received by the Payroll Department in advance of the Effective Date noted above. If received after that date, the election will be effective as of the next following Plan Entry Date.***

**FOR OFFICE USE ONLY**

<b>Date Received:</b>	<b>Entry Date:</b>
<b>First Payroll Date:</b>	<b>Authorized:</b>

Revised 07/2016