

ELECTION NOT TO PARTICIPATE

Employee/Participant: _____

As an eligible employee under the Plan, I hereby elect not to participate in the Plan, subject to the provisions of the Plan regarding such election.

I understand that my election is irrevocable and that I may never participate in this Plan or any other plan of the Employer.

I release and hold harmless the Plan Administrator, the Employer and the Trustees from and against any and all claims the undersigned may have or hereafter claim to have against said Plan Administrator, Employer or Trustees with respect to my election not to participate in the Plan.

I understand that my participation in the Plan is not conditioned upon my having to make either mandatory or voluntary contributions to the Plan and that Employer contributions made to the Plan on my behalf would be made at no cost to me.

I understand the Plan Administrator, Employer or Trustees will not be responsible or liable for any loss or expense which may arise or result from compliance with this election. Nor shall the above be responsible or liable for any loss or expense which may result from the Employer's refusal or failure to comply with this election.

EXECUTED this _____ day of _____, 20 _____.

Plan Administrator

Signature of Participant

Social Security Number