

SALARY DEFERRAL AGREEMENT

Participant: _____.

In accordance with the Plan, I enter into this Salary Deferral Agreement ("Agreement").

As a participant in the Plan, I understand the Plan permits me to defer a portion of my compensation. The amount that I elect to defer will be withheld from my paycheck and paid by the Employer into the Plan on my behalf.

This salary deferral agreement remains in effect until I revoke or modify it. Modifications to the Agreement are permitted four times each year, prior to the first day of each Plan Year quarter. I am also permitted to revoke my Agreement at any time during the Plan Year.

The Plan permits me to defer my compensation up to the maximum amount allowed by law.

The Plan also permits me to make "catch-up" contributions if I am age 50 or older. These are additional amounts that I may defer regardless of any other limits imposed by the Plan.

In addition, the employer may match my salary deferrals. The Summary Plan Description explains the matching contributions that may be made to the Plan.

I hereby elect (select one):

1. () To defer my pay by ____%. This election authorizes the Employer to withhold this amount from my paycheck, and shall remain in effect until I revoke or modify this election. Any questions regarding this election should be directed to the Plan Administrator.

2. () NOT to defer my pay at this time. I understand that I may elect to defer my pay at a later date as the Plan allows.

EXECUTED this _____ day of _____, 20_____.

Participant

Employer