

Participant Information:

If you have any questions concerning your eligibility, please contact your Plan Administrator. Please print all information. If there are questions about your salary deferral election, you will be contacted at the email address or phone number provided below.

Participant Name	Date of Birth	Social Security Number	
Street Address	City	State	Zip
<input type="checkbox"/> Married	Date of Hire	Phone Number	
<input type="checkbox"/> Unmarried	Email Address		

Salary Deferral:

Your Salary Deferral election below is solely for the benefit of the Plan Administrator/Employer. This information shall not be maintained or acted upon by Sentinel Benefits & Financial Group. Please report any change to this information directly to the Plan Administrator at your company. This agreement remains in effect until you revoke or modify it in writing. You give your employer permission to cease these deferral contributions if these deferrals would cause the plan to fail any IRS requirements. You understand that Social Security Taxes will be paid on these contributions from your remaining compensation. If you are eligible for and choose to make a catch-up contribution, your election below should include your catch-up contribution amount.

☐ **Regular Contributions**
I elect to defer \$_____ or _____% from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations).

☐ **Roth Contributions**
I elect to defer \$_____ or _____% from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations).

☐ I elect not to defer at this time.

Signature:

Participant Signature

Date