BONUS DEFERRAL ELECTION FORM

If you wish to make a special one-time deferral election as defined below, you must complete Basic Data and the Bonus Deferral Election on this form. Then sign and date on the lines provided and return to the office of the Plan Administrator.

BASIC DATA

(Please Print)

	(I tease I titt)	
Plan Name:		
Last	First	Middle Initial
Social Security #:	Home Phone Numl	per:
Date of Birth:	Date of Hire:	
Home Mailing Address:		
Street		
City	Sta	te Zip Code
	BONUS DEFERRAL ELECTIO	N
I elect to have tax deferred co	ntributions withheld from my paycheck that is b	peing issued (define paycheck from which
monies are to be deferred)		
in an amount equal to (enter	a whole number between 0 and 75%)	% of this gross paycheck or
\$	If permitted under our Plan,	% (assumed to be zero if left blank)
of this Bonus Deferral should	l be classified as Roth Deferral.	
and rights to which I am end Agreement, all amendments and Administrator. To the extent of I agree that the Plan Sponsor extent that said party believes held exclusively by the related professional investment management attest that I have been provided	PARTICIPANT SIGNATURE action that shall only apply to the paycheck as defittled to under the Plan will be determined only thereto, government regulations thereunder, and deemed necessary to comply with terms of the Plan Plan Administrator, Plan Trustees, or any agents is necessary. Furthermore, I understand that med Trust Fund, which shall be managed in conger as so designated by the Plan Trustees. Finall d with all information I believed needed to make the	y in accordance with the Plan and Trust d procedures as established by the Plan lan and related governmental regulations, not thereof; may modify my election to the my benefit account under the Plan shall be junction with the Plan Trustees and any y, to the extent I deem necessary, I hereby this election. My signature as found below
Participant Signature Generic Bonus Deferral Election Form		The preceding statements. Date