

401K WAGE AND SALARY DEFERRAL AGREEMENT

Participant Name	
Address	
City, State, Zip	
Social Security Number	
Date of Hire	
Date of Birth	

1. You are hereby authorized to reduce my regular wages by ____% or \$_____ each pay period for contribution on a pretax basis to this 401k. The amount entered may not be more than one hundred percent (100%) of your compensation up to \$15,500 (in 2007).

2. I understand that I may elect to start, increase or reduce my elections effective as of the first day of the Plan Year and the first day of the fourth, seventh and tenth month of the Plan Year. However, I may revoke my election at any time by so advising the Plan Administrator. If I revoke my election, I may resume contributions only as of the dates specified above.

3. I understand that I must give the Plan Administrator at least 15 days written notice of any change or revocation of an election.

4. I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed above.

5. I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.

6. The election indicated on this form is effective for the first pay period beginning on or after _____, 200__.

Dated: _____ By: _____

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I do not wish to participate in wage deferrals to the Plan at this time.

Dated: _____ By: _____

V3.01-3.01