



# HCS RETIREMENT SERVICES, LLC

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## 401(k) Election Form

### Salary Deferral Election (with Roth Deferral Option)

EMPLOYER: _____	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Change of Prior Election <input type="checkbox"/> Cancellation
<b>PERSONAL INFORMATION</b>	
Last Name: _____	S. S. #: _____
First Name: _____	Date of Birth: _____
Address: _____ Email: _____	
City: _____	State: _____ Zip: _____
Phone : _____	Effective Date of Election: _____

<b>SALARY REDUCTION ELECTION</b>	
Subject to the requirements and limitation of the Plan, I elect to defer the following amount of my eligible compensation (i.e. wages, salary, etc.) into the Plan each Pay Period.	
<input type="checkbox"/> I elect not to contribute at this time.	
<input type="checkbox"/> _____ %	or <input type="checkbox"/> \$ _____ Into my Pre-Tax <b>401(k)</b> Account Per Pay Period.
<input type="checkbox"/> _____ %	or <input type="checkbox"/> \$ _____ Into my <b>Roth</b> Account Per Pay Period (not available in all plans).
<b>CATCH-UP CONTRIBUTION (FOR PARTICIPANTS WHO ARE AGE 50 OR OLDER)</b>	
The catch-up contribution is only available if you are at least age 50 at any time during the calendar year during which you are making deferrals. By making a catch-up election her, you are certifying that you are eligible to do so.	
<input type="checkbox"/> I elect the maximum catch-up contribution.	
<input type="checkbox"/> I elect the following catch-up contribution:     \$ _____	
<b>CHANGES TO DEFERRAL AMOUNT</b>	
The Employer agrees to contribute the amount designated above as salary deferrals into the appropriate accounts under the Plan. I understand that I may change or cancel my election by completing a new Election Form as authorized under the Plan's Deferral election procedures. I understand that my election will be processed as soon as administratively feasible.	
(Questions regarding ability to change or cancel an existing salary reduction election should b e directed to HR/Payroll Department)	

<b>REQUIRED SIGNATURES</b>	
<p><b>Participant Authorization</b></p> <p>I understand that my elected deferrals will be withheld from each pay check and forwarded to the investment company per my investment election form. I further understand that I should complete a Beneficiary Designation Form available from HR/Payroll Department, or HCS Retirement Services, LLC website.</p> <p>_____ Participant Signature</p> <p>_____ Date</p>	<p><b>Acceptance of Salary Deferral Election Form</b></p> <p>_____ Employer Signature</p> <p>_____ Date</p>