

1. SALARY REDUCTION ELECTION

Subject to the requirements of the SIMPLE-401(k) Plan of

Name of Employer: _____,

I authorize _____ % or \$ _____ (which equals _____ % of my current rate of pay) to be withheld from my pay each pay period and contributed to my SIMPLE-401(k) as a Salary Reduction contribution.

2. MAXIMUM SALARY REDUCTION

I understand that the total amount of my Salary Reduction contributions in any calendar year cannot exceed the limit established by law, which is \$16,500 for 2025. I also understand that if I am age 50 or older during the calendar year, I may be able to make additional catch-up contributions of up to \$3,500 in 2025, if permitted by the SIMPLE-401(k) Plan.

3. DATE SALARY REDUCTION BEGINS

I understand that my Salary Reduction contributions will start as soon as permitted under the SIMPLE-401(k) Plan and as soon as administratively feasible or, if later, _____. (Fill in the date you want the Salary Reduction contributions to begin. The date must be after you sign this agreement.)

4. DURATION OF ELECTION

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE-401(k) Plan or until I provide my employer with a request to end my Salary Reduction contributions or provide a new Salary Reduction Agreement as permitted under the SIMPLE-401(k) Plan.

Employee Name (please print)

SSN or Tax ID

Employee Signature

Date: _____