

Declining to Participate Election Form

Section 1

Your Company's Name

Section 2

Your Name

First Name

Last Name

Social Security Number

Employee ID (if applicable)

Section 3

Election Notification

I have received and read the enrollment materials regarding my company's 401(k) plan and understand the features and benefits of the plan.

I acknowledge that I am eligible to participate in the plan and have elected not to participate at this time. I understand that I may elect to participate within the available enrollment periods of my company's 401(k) plan.

Section 4

Your Signature

Signed

Date

Please return this form to your Human Resources or Employer representative.