

457(b) ELIGIBLE DEFERRED COMPENSATION PLAN

Salary Reduction Agreement

Name:		SSN:		Date of Birth:	
Address:			City:		State:
Employer:			Work Location:		
Home Phone:		Work Phone:		Email:	

In accordance with the provisions of the 457(b) Eligible Deferred Compensation Plan ("Plan") and pursuant to the terms of this Agreement, I authorize my Employer to follow my instructions as indicated below: *(Check all that apply)*

Enrollment – I wish to begin contributing to the Plan. (Please complete the "Salary Reduction Election" and Investment Election" sections below and Appendix A - "Beneficiary Designation Form," Appendix B - "Form of Payment Election" and the account initiation form for the Investment Company(ies) you have selected.)

Reaffirmation – I hereby elect to continue my participation in the Plan according to my Employer's policies. (Please complete the "Salary Reduction Election" section below.)

Non - Participation – I do not wish to participate in the Plan at this time. (Please sign and date below.)

Suspend Contributions – Please cease my current salary reduction amount. (Please sign and date below.)

Salary Reduction Change – Please change my current salary reduction amount to the newly selected amount in the "Salary Reduction Election" section below.

Salary Reduction Election – I wish to make salary reduction contributions to the Plan per pay period as follows:

_____ %	or	\$ _____	*per pay period
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**Provided salary is sufficient to cover the deferral amount*

Enter amounts above that in total do not exceed the lesser of (1) 100% of your Includible Compensation as defined in the Plan OR (2) \$14,000 for the 2005 year (\$15,000 in 2006 and indexed thereafter) excluding any additional "catch up" contributions. This election supercedes any previous election made.

Investment Election(s)

Please invest my future contributions in the following company(ies) and in the percentage increments listed below:
Please list full and complete name of Investment Company

<u>Investment Company Name(s)</u>	<u>Account/Policy #</u>	<u>Investment Percentages (in increments of 1% or more)</u>
_____	_____	_____ %
_____	_____	_____ %
Total Contributions		= 100%

I hereby acknowledge that I have read, understood and agree to the terms and conditions of this Salary Reduction Agreement. **Note: There is a continuation to this Agreement on the back of this form. By signing this Agreement, you agree to all such listed terms and conditions.**

Signature of Eligible Employee: _____ Date: _____

Signature of Employer Representative: _____ Date: _____