

**TEAMWORK HUMAN RESOURCES, INC.
MULTIPLE EMPLOYER PLAN
SALARY REDUCTION ELECTION FORM**

Instructions

You may elect to have your pay reduced each pay period and have that amount contributed on your behalf to the Teamwork Human Resources, Inc. Multiple Employer Plan. Any such amounts will be credited to a separate account for your benefit. You will be 100% vested in these amounts at all times. **These amounts may not be withdrawn by you prior to the earlier of the date on which you retire, you die, your employment terminates, you incur a financial hardship, or you reach age 59-1/2.**

Social Security tax and local income tax will continue to be paid on the amounts deducted as if they were part of your regular pay. However, federal and state income taxes will not be withheld on these amounts.

Due to Internal Revenue Service limitations, it may not be possible for you to defer the full amount which you elect to defer. **If we cannot honor your full deferral request, the maximum permitted payroll deduction will be made on your behalf so that your election is honored to the extent possible.**

Your election will remain in effect until it is revoked by you. You may revoke your election at any time to be effective as soon as administratively possible following the Plan Administrator's receipt of your election. If you revoke your election, you may make another election or you may modify your current election on a monthly basis to be effective on the first day of the succeeding month following the Plan Administrator's receipt of such election or modification.

If you are interested in taking advantage of this program, you should complete this form and submit it to the Plan Administrator as soon as possible.

ELECTION

I authorize Teamwork Human Resources, Inc. to withhold from each paycheck beginning on _____ (date), and contribute to the Trustee of the Teamwork Human Resources, Inc. Multiple Employer Plan, the following amount: (elect **only one** of the following options)

1. _____% of my pay for each pay period.

OR

2. \$_____ of my pay for each pay period.

Date

Signature of Participant

[Print Name]