Trust Company OF AMERICA

Deferral Election Form
For the Carolina Meadows 403(b) plan

Participant Information

Name: First_____ MI___ Last_____
Social Security # _____
Address _____
City_____ State _____ Zip_____
Home Phone_____
Date of Hire _____ Date of Birth _____

Deferral Election

By making this election I understand that I am either electing to defer compensation to the plan as of the earliest available entry date as defined by the plan, or I am declining to defer compensation at this time. Please reduce my compensation by the following amount and contribute this amount to the plan:

Pre tax Basis

_____% of Compensation per pay period
$_____ per pay period

Roth Contribution (a deferral elected as a Roth contribution will be made on an after tax basis)

_____% of Compensation per pay period
$_____ per pay period

- ❑ I decline to participate in the plan at this time

I understand that my salary reduction amount will be made directly to the plan before federal income tax is withheld and I will be subject to the provisions of Internal Revenue Code Section 401(k0. I understand that I can change my rate of contribution in accordance with the provision of this plan.

- ❑ During this calendar year I am or will be 50 years or older and in addition to my regular contribution election I also elect to make catch-up deferral contributions. Please reduce my compensation by an additional $_____ for the current plan year.

Participants Signature_____ **Date**_____