

**RETIREMENT PLAN
SALARY DEFERRAL AGREEMENT**

PLAN NAME (THE "PLAN") _____

EMPLOYER NAME (THE "EMPLOYER") _____

PARTICIPANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ DATE OF HIRE _____ SOCIAL SECURITY # _____

The salary deferral option of the Plan has been explained to me, and pursuant to that explanation I hereby make the following salary deferral election:

SECTION 1. ELECTION TO DEFER

I elect to defer either the dollar amount or the percentage of my compensation indicated below, and I authorize the Employer to deduct that amount from my compensation.

\$ _____ each pay period

Note: Your aggregate maximum deferrals cannot exceed \$16,500 for the 2010 calendar year unless you are eligible to make catch-up contributions, in which case you can defer up to an additional \$5,500.

_____ % of compensation each pay period

Note: You can defer up to 100% of your compensation each pay period, but the maximum dollar amount of your deferrals cannot exceed \$16,500 for the 2010 calendar year unless you are eligible to make catch-up contributions, in which case you can defer up to an additional \$5,500.

I understand (1) that I can change my election from time to time as permitted under the Plan's policy governing salary deferral elections; (2) that I can suspend or cancel my election upon reasonable written notice to the Administrator; (3) that if I do cancel or suspend my election, I can make a new election at such times as permitted under the Plan's policy governing salary reduction elections; and (4) that it may be necessary for the Plan to reduce the percentage or dollar amount I have indicated above if necessary for the Plan to comply with certain non-discrimination and/or maximum deduction tests required by the Internal Revenue Code.

SECTION 2. ELECTION NOT TO DEFER

I do not wish to contribute to the Plan at this time. However, I understand that I can elect to contribute to the Plan in the future, and that any such future election can only be made at such time or times as permitted under the Plan's policy governing salary reduction elections.

EMPLOYEE SIGNATURE _____

DATE _____