



Paskenta Band of Nomlaki Indians Enterprise  
401(k) Plan

Savings Rate  
Election

**Step 1- Enter Your Information and Authorization**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*You must complete either Step 2a or 2b, and then Step 3.*

**Step 2a- Contribution Election**

**I DO WANT TO PARTICIPATE:** I elect to contribute to the Plan according to my elections below. If I am not yet eligible, contributions will begin being deducted on the first payroll after the start date below and after I have met the Plan's eligibility requirements. Amounts will be deducted from my pay and contributed to the plan as follows.

I understand that the sum of my Pre-Tax 401(k) and Roth 401(k) contributions may not exceed \$18,500 for the calendar year 2018, plus if I am age 50 by 12/31/2018 I am eligible to contribute an additional \$6,000. I also understand that the total of all contributions to the plan may not exceed 100% of eligible compensation. I am also aware that the amounts designated below may be reduced by the Plan Administrator to comply with IRS regulations.

<u>Election/Contribution Type</u>	<u>Applies To</u>	<u>Elections</u>	<u>Effective/Start Date</u>
<input type="checkbox"/> <u>Pre-Tax 401(k)</u>	Each Pay Period	_____ % (1% to 100%)	_____
<input type="checkbox"/> <u>Roth 401(k)</u>	Each Pay Period	_____ % (1% to 100%)	_____

**Step 2b- Non-Participation/Suspension**

\_\_\_\_\_ **I DO NOT WANT TO PARTICIPATE:** I do not wish to contribute to the Plan at this time or I am suspending my Initial Here contributions. I understand that I may reconsider my decision at a future date.

**Step 3- Your Authorization**

I hereby authorize deductions from my pay for any contributions required by my elections. I confirm the above elections and understand the terms of the Plan (as stated in the Summary Plan Description that I have received) Further, I understand that if I have not provided Investment Elections, my future deposits will be invested in the Portfolio based on my age (16-39 Total Equity // 40-50 Growth // 51+ Balanced). I understand that I may reconsider my decision at any future date.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE STATEMENT:** You must notify Benefits Department within 15 days of receipt of your quarterly statement in which this transaction has occurred, if during that period there is an error in your directive change indicated above. Your Employer and NWPS will not be liable for any loss to your account, if not contacted within the 15-day period stated above.

**Please return completed forms to Benefits Department**

\_\_\_\_\_  
Plan Administrator Approval Signature

\_\_\_\_\_  
Plan Administrator Approval Date