

HRSA-ILA Annuity & Savings Plan Deferred Salary Agreement

PARTICIPANT DATA (Please print)

Participant Name _____
first middle last

Social Security No. _____ NEW PARTICIPANT

ELECTION CHANGE

Port No. _____

CONTRIBUTION DATA

VOLUNTARY CONTRIBUTION ELECTION (Before-tax contributions):

Please deduct \$_____ per hour for each pay period to be deposited in my Deferred Salary Account. I understand that I may revoke my election at any time or I may change this election as allowed by the Plan.

PARTICIPANT AUTHORIZATION

I understand the following:

Contributions which exceed limits imposed by law will be returned to me, adjusted for any investment gain/loss resulting from them, and treated as taxable income in accordance with current tax law. The funds may involve financial risk. The Plan Administrator may reduce my contribution rate without prior notice in order to maintain the Plan's Internal Revenue Code qualification. My employer will reduce my compensation by the dollar amount above in order to make contributions to the Plan.

FOR NEW ENROLLEES

THIS FORM MUST BE COMPLETED ALONG WITH THE PARTICIPANT NEW ENROLLMENT FORM. IF NO INVESTMENT ELECTION IS MADE CONTRIBUTIONS WILL BE INVESTED INTO THE DEFAULT INVESTMENT FUND.

Participant Signature

Date

Please mail, email or fax to:

Email: participant.services@hrsa-ila.com
Fax: (757) 423-1205

Participant Services
HRSA-ILA
1355 International Terminal Blvd
Norfolk, VA 23505