

SALARY REDUCTION AGREEMENT

INSTRUCTIONS

1. Complete form in its entirety including participant and employer signature.
2. Return to employer. Mail, email, or fax to Richland Ave.

Note: This form will replace any previous Salary Reduction Agreement on file.

EXECUTION CLAUSE

PARTICIPANT INFORMATION

Name: _____ DOB: _____ Account #: _____

Employer Name: _____ City: _____ State: _____

Have you made contributions to another 401(k) or 403(b) account this year? Yes No If so, how much? _____

PARTICIPANT ELECTION

I, undersigned participant, hereby elect to (participant can choose one or both of deferral options):

Pre-tax contributions

Defer from my salary on a pre-tax basis:

- 3% of compensation
- 5% of compensation
- _____ (percentage or dollar amount) per paycheck

Roth contributions (after-tax)

Defer from my salary as a Roth contribution:

- 3% of compensation
- 5% of compensation
- _____ (percentage or dollar amount) per paycheck

COMMENCEMENT DATE

Date: _____ (The date you want your deferral to start.)

PARTICIPANT SIGNATURE

Participant and Employer hereby mutually and irrevocably agree that Employer shall reduce and withhold from the Participant's cash remuneration earned after the Salary Reduction Commencement Date and prior to the Salary Reduction Termination Date the Salary Reduction Amount designated above. The Employer shall contribute the amount so withheld to the Free Will Baptist Pension Plan. This Salary Reduction Agreement may be terminated at any time at the option of the participant. Termination of this Salary Reduction Agreement shall be accomplished by informing employer (preferably in writing) or separation from service from this Employer.

Participant Signature: _____ Date: _____

EMPLOYER SIGNATURE

Employer Signature: _____ Date: _____

Richland Ave Financial REPRESENTATIVE SIGNATURE

The Trustees of the Free Will Baptist Pension Plan hereby agree to accept the Salary Reduction contributions attributable to the Participant pursuant to the terms of this Salary Reduction Agreement and of the Plan.

Richland Ave Financial Signature: _____ Date: _____