SALARY REDUCTION ELECTION FORM

For

_____.
Plan Name

_____.
Participant's Name *(Please Print)*

I hereby acknowledge and understand that as a Participant in above named 401(k) Profit Sharing Plan, I may reduce my salary up to a maximum amount permitted by law (lessor of 100% of gross pay or $13,000 as indexed). I further understand that any amounts I may defer hereunder shall be deducted from my paycheck by my employer and deposited into my account under the Plan by the Plan Trustees.

In accordance with my rights as a Participant and provisions of the plan, I hereby elect to reduce my pay each pay period by:

_____% (or) $_____.

This election authorizes my Employer to withhold this amount from my paycheck. This election shall remain in effect until I revoke this election in writing, or change my election percentage or amount in accordance with the rule of the Plan. Any questions regarding this election should be directed to the Plan Administrator.

Dated this _____ day of _____ , 20___.

_____ _____.
Participant's Signature Social Security Number

Phone: 325-695-7471
Toll Free: 800-828-9600
http:\\www.PensionsUnlimited.com
FAX (325)695-7548
Mailing: P.O. Box 7390, Abilene, TX. 79608-7390
Physical: 2249 South 41st Street, Abilene, TX 79602