Salary Deferral Change Request 401(k) Plan

250331-01

Criswell Automotive and Power Sports 401(k) Plan

Participant Information

Last Name	First Name	Social Security Number					
Address - Number & Street			E-Mail Address				
			Mo D	ay Year	Mo D	ay Year	
City	State 2	State Zip Code		Date of Birth		Date of Hire	
() Home Phone	() Work Phone		G Female	🗋 Male	☐ Married	Unmarried	

Salary Deferral Change Request

This change request shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This change request supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits; that any excess contributions will be distributed pursuant to Treasury regulation 1.402(g)-1, as amended; and that I may be responsible for any costs, including taxes and penalties, that I may incur as a result of such excess contributions.

Payroll Information

Specify one of the following:

□ Restart □ Increase Payroll Deduction □ Decrease Payroll Deduction □ Stop Deductions

Specify the following:

Salary Savings (Basic Contribution) - The amount that you may contribute is 1% - 100%, which is not to exceed the annual maximum contribution allowable under the Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

□ I elect to contribute _____% (per pay period) of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Catch-Up Contribution Note: If you will be age 50 or over this calendar year and are currently making the maximum contribution allowable, refer to the Application for Age 50 Catch-Up form.

Required Signatures - I have completed, understand and agree to the terms of this change request and authorize the payroll deduction as indicated on this form.

Participant Signature

Date

Participant forward to Plan Administrator Plan Administrator: Update Payroll System

I, as the Plan Administrator, certify that the payroll effective date is

Authorized Plan Administrator Signature

Date

