

# Salary Reduction Agreement

**Lee Mechanical Contractors, Inc. 401(k) Salary Reduction Plan & Trust**

**661731**

Employee Full Name (please print)	Social Security Number
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**Salary  
Reduction  
Agreement**

I authorize my employer to deduct the following from my eligible compensation each payroll period for deposit into the Plan.

Deduct \_\_\_\_\_% of eligible compensation.

(If you are age 50 or older, or will be by the end of the calendar year, and would like to contribute catch-up contributions, please contact your employer.)

I do not wish to contribute to the Plan at this time.

Salary reductions may be stopped any day of the plan year. Salary reductions may be increased or decreased on any day of the plan year.

If a Salary Reduction Agreement is not completed, 3% will automatically be withheld from your paycheck each payroll period.

**Employee  
Signature**

I request that my participation in the above-named plan be made according to this direction until I initiate a change. I understand federal law and plan provisions may limit my salary reduction amount. I authorize the Plan Administrator to make adjustments as may be required to conform to plan provisions and applicable law.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer  
Signature**

As an authorized signer for the Plan, I certify that this request is in compliance with plan provisions and applicable law.

**Employer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: Changes to your investment election must be made electronically by telephone or internet.**

**Original – Employer**