



**PARTICIPATION AGREEMENT**

The undersigned hereby agrees to the terms and conditions of the \_\_\_\_\_ deferred compensation plan ("Plan") as such Plan now exists or is hereafter amended, effective as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and acknowledges receipt of copy thereof. The undersigned agrees that the employer's payroll department shall have the right to reduce his or her income by \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars per regular pay period, beginning with the pay period ending \_\_\_\_\_. This election to reduce compensation shall continue until the undersigned makes a subsequent election as provided by the Plan.

It is understood that the benefits to be provided to the undersigned under the Plan may be paid at his/her election in any of the approved payout options offered by the financial institution or insurance company, if any is used to fund the Plan.

The undersigned acknowledges that the employer is under no obligation to continue the deferred compensation Plan and that being a participant thereunder in no way guarantees his/her employment. Furthermore, it is understood that the employer is under no obligation to fund the Plan, or, if funded, to use any particular funding vehicle. Subject to the foregoing, however, the undersigned would direct for the consideration of the employer the following allocation of his/her deferred compensation account for funding purposes.

Financial Institution or Insurance Company	Type of Investment Annuity or Life Insurance Contract or Credit Union	Amount Per Pay Period
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Until further notice, the undersigned requests that any death benefits under the agreement be payable as follows:

**PRIMARY BENEFICIARY**

FULL NAME		
RELATIONSHIP	SOCIAL SECURITY NUMBER	
ADDRESS (STREET/P.O. BOX)		
CITY	STATE	ZIP CODE

**CONTINGENT BENEFICIARY**

FULL NAME		
RELATIONSHIP	SOCIAL SECURITY NUMBER	
ADDRESS (STREET/P.O. BOX)		
CITY	STATE	ZIP CODE

\_\_\_\_\_ DATED \_\_\_\_\_ PARTICIPATING EMPLOYEE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Joinder Agreement received this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

EMPLOYER By: \_\_\_\_\_

Its: \_\_\_\_\_

FOR PAYROLL USE ONLY	
FINANCIAL INSTITUTION	CONTRACT NUMBER
1. _____	_____
2. _____	_____
3. _____	_____