



# Individual 401(k) Elective Deferral Agreement

## Employer Instructions

All participants, including business owners, must complete this Agreement to indicate the elective deferral amount to have withheld from compensation. Make a photocopy of this form for future use or visit [www.schwab.com](http://www.schwab.com) to download the form. **Do not send this document to Schwab.**

## Employee Instructions

Read and complete all sections of this Elective Deferral Agreement before signing it. Return it to your Employer.

### 1. Employee (Participant) Information

Name of Employee	Social Security Number
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### 2. Terms of Elective Deferral Agreement

**Limits on Elective Deferrals.** Subject to the requirements of the Employer's Individual 401(k) (the "Plan"), each Employee who is eligible to enroll as a Contributing Participant may set aside a percentage of his or her pay into the Plan (Elective Deferrals) by signing this Elective Deferral Agreement. This Elective Deferral Agreement replaces any earlier Elective Deferral Agreement and will remain in effect as long as the Employee remains a Participant or until he or she provides the Employer with a new Elective Deferral Agreement as permitted by the Plan. A Participant's Elective Deferrals (not including Catch-Up Contributions) may not exceed the maximum Elective Salary Deferral contribution limits as prescribed by the Internal Revenue Service (IRS). The IRS announces cost-of-living adjustments applicable to the dollar limitations for retirement and pension plans annually.

An Employee who attains age 50 or older by the end of the calendar year may make Catch-Up Contributions under the Plan. Catch-Up Contributions may not exceed the maximum contribution limits as prescribed by the Internal Revenue Service (IRS). The IRS announces cost-of-living adjustments applicable to the dollar limitations for retirement and pension plans annually, and the limitation may be adjusted in multiples of \$500.

**Changing This Agreement.** An Employee may change the percentage of pay he or she is deferring into the Plan. Any Employee who wishes to make such a change must complete and sign a new Elective Deferral Agreement and give it to the Employer.

**Terminating This Agreement.** An Employee may terminate this Elective Deferral Agreement at any time by notice to the Employer. If the Employee receives a hardship distribution from the Plan, this Elective Deferral Agreement is automatically revoked, and the Employee cannot again enroll as a Contributing Participant for at least six months after the receipt of the hardship distribution.

### 3. Elective Deferral Agreement and Authorization

I authorize the amount or percentage indicated below (select one) to be withheld from my pay for each pay period and contributed to my Schwab Individual 401(k) account:

- I elect to defer \_\_\_\_\_% of my compensation per pay period.
- I elect to defer \$ \_\_\_\_\_ of my compensation per pay period.
- I elect a one-time deferral of \$ \_\_\_\_\_ of my compensation to be withheld as of \_\_\_\_\_ (specify date).

I request that this Elective Deferral Agreement will be effective beginning with the pay period that begins \_\_\_\_\_ (specify date). It supersedes any previous Elective Deferral Agreement.

This Agreement will continue to be effective while I am employed unless I change or terminate it as explained above. I acknowledge that I have read this entire Agreement and agree to its terms. Furthermore, I acknowledge that I must establish an Individual 401(k) account to receive any contributions made on my behalf under this Individual 401(k) Plan, and that I am responsible for directing Schwab concerning the investment of these funds.

### Signature and Date Required

<b>X</b> Account Holder Signature	Print Name	Date
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