



EQUITABLE

Equitable Retirement VisionSM

Salary Reduction Election

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For Assistance:

Customer Service Call (888) 234-5152

PLEASE PRINT

Complete this form in order to begin, modify or cancel a Salary Reduction Election.

Note: This Agreement should be completed by the Employee and returned to the Employer.**1. Employer Information**

Name _____ Unit Number _____

2. Participant Information

Account Number: _____

Name: First _____ MI _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Email Address: _____

Mobile phone #: _____ Alternate phone #: _____

3. Salary Reduction Election*

As a plan participant, you can choose to contribute a portion of your compensation into the Plan as a fixed percentage of compensation or none at all. Please indicate your choice below:

- Pre-Tax Contributions Yes, I want to contribute _____% per pay period.
- Roth (after-tax) Contributions Yes, I want to contribute _____% per pay period.

The combination of pre-tax and post-tax contributions cannot exceed the limits of the Internal Revenue Code. If you are at least age 50, your Plan may allow you to exceed this limit utilizing a catch up contribution. Please contact your Plan Administrator for more information about your contribution limit.

Date Salary Reduction Begins: Your salary reduction contribution will start as soon as permitted under your Plan and as soon as administratively feasible. If you prefer to start later, please indicate the date for your salary reductions to begin.
__/__/____ (MM/DD/YYYY) [Date must be prospective]**4. Salary Reduction Modification***

As a plan participant, you can choose to modify your current Salary Reduction Election. Please indicate your modified choice below:

 I want to contribute _____% per pay period starting on __/__/____ (MM/DD/YYYY) The effective date will be the later of (a) the date specified herein and (b) the date permitted under the terms of your plan and as soon as administratively feasible.

- Pre-Tax Contributions Yes, I want to contribute _____% per pay period.
- Roth (after-tax) Contributions Yes, I want to contribute _____% per pay period.

5. Salary Reduction Cancellation As a plan participant, I choose to cancel my current Salary Reduction Election.**6. Participant Signature Acknowledgement**

I hereby represent that all statements contained herein are full, complete, and true as written. I hereby agree that all contributions remitted on my behalf will be allocated in accordance with my current investment allocation on file with Equitable Retirement Plan Services or a default investment option selected by my plan sponsor, as applicable.

Participant Signature: _____ Date: _____

*I authorize the percentage listed in Section 3 or 4 to be withheld from my pay each pay period and contributed to the Plan as a salary reduction contribution. The election in Section 3 or 4 will remain in effect until I revoke it in writing or until I complete a new form. I understand that I have an obligation to review my pay records to confirm the plan administrator has properly implemented my salary reduction election and inform the plan administrator if there is any discrepancy between my pay records and my salary reduction election.