

BONUS CONTRIBUTION AND ADDITIONAL CONTRIBUTION ELECTION FORM

Social Security Number

□□□-□□-□□□□

Plan Number:

4625G

Plan Name: **Keystone Agency Partners 401(k) Plan**

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City

State

Zip

Bonus Contribution Election

I elect to contribute the following portion of my bonus as a:

Pre-tax Deferral Roth Deferral Contribution

Percentage: _____ %

Note: The amount elected above cannot exceed 100% of the Employer-paid cash bonus.

Additional Contribution Election

I elect to contribute the following portion of my compensation as a:

Pre-tax Deferral Roth Deferral Contribution

Percentage: _____ %

Payroll Period(s): _____

Note: Your Employer designates the eligible pay period(s) for Additional Deferral Contributions. Please consult with your Plan Administrator for the applicable date(s).

Signatures

The total Deferral Contributions for the full Plan Year cannot exceed the maximum percent of your eligible Compensation as described in the Plan. This information is available in the Summary Plan Description. Your total Contributions for the calendar year cannot exceed the applicable dollar limits in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year. The Employer has the right to restrict a Participant's right to make Contributions if they will adversely affect the Plan's ability to pass the "ADP" and/or the "ACP" test.

- I understand that my bonus contribution election(s) will become effective commencing with the payment of the designated bonus made after my Employer can reasonably process it.
- I understand that my additional deferral contribution election will become effective on the first eligible payroll period that my Employer can reasonably process it.
- My contribution will be invested according to my existing investment elections for future contributions.

I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible bonus or specific payroll(s) by the amount indicated above and to make this contribution to the Plan on my behalf.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form. (print name): _____

PLAN ADMINISTRATOR (Authorized signer) _____ **DATE** _____