



Important

This form must be completed and returned to your Employer. Check with your Employer to ensure that this agreement meets their requirements.

Plan information

Chester A. Asher, Inc. 401(k) Profit Sharing Plan and Trust

346181-01

Plan name

Plan ID number

Participant information

Full name (include middle initial) (print)

SSN input fields

Start, change or stop deferrals

Select one of the following options:

- Start, Restart, Increase deferrals, Decrease deferrals, Stop deferrals

Payroll information

Select one of the two options below and, if applicable, provide contribution instructions.

I authorize my employer to withhold from my wages each pay period:

- Before-tax contributions of %
After-tax Roth contributions of %
Catch-up contributions of %

I DO NOT wish to make contributions to the plan at this time.

NOTE: Please see the table below for contribution and catch-up limits.

Agreement and signature

I authorize my Employer to withhold the amount designated above from my paycheck. I understand that it may be necessary for the plan to limit my deferral percentage to a lower amount than I have chosen in order to comply with certain IRS limits, and if that is the case, I will be informed of the change.

I have received a copy of the Summary Plan Description, and I have completed a beneficiary designation form or agree to the default beneficiary named by the plan.

Signature of participant

Date (mm/dd/yyyy)

Table with 3 columns: Year, Contribution, Catch-up limit\*. Rows for 2023 and 2024.

\*You must be at least 50 years old at any time during the year to make a catch-up contribution.