



401(k) Salary Deferral Enrollment Form

Plan Name: _____

Enrollment

Re-Enrollment

Employee Name: _____ Social Security #: _____

----- Marital Status -----

Birth Date: _____ Date Employed: _____ Married Unmarried

Beginning _____, I elect to contribute the following amounts to the 401(k) Plan:

Salary Deferral: I hereby direct that the percentage of my salary checked below be withheld each pay period and transmitted monthly to the Trustee for investment in the Plan.

_____ % (percent) of my salary per pay period (not to exceed 100%)

--OR--

\$ _____ of my salary per pay period

These contribution designations will remain in effect until and unless I request, in writing, a change in my Salary Deferral Contribution(s) and submit it to the Trustee, in care of the Payroll Department. I understand that I may elect a new percentage (other than zero) with reasonable notice and that I may change my election to zero at any time.

Employee Signature: _____ Date: _____

Primark Benefits
Phone: 650 692-2043
Fax: 650 692-2039