

**SYNERGISTICIT 401(k) PLAN  
ELECTION FORM**

The salary deferral option of the Plan has been explained to me, and pursuant to that explanation I hereby make the following salary deferral election.

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**CONTRIBUTION ELECTION**

- I elect not to save a portion of my earnings at this time. However, I understand (1) that I can elect to contribute to the plan in the future; and (2) that any such future election can only be made on the next available date specified by the Administrator.
  
- I elect to save and hereby authorize the Company to reduce my compensation each pay period by the elective deferral contribution dollar amount or percentage indicated below.
  - \$ \_\_\_\_\_ The maximum dollar amount you can defer for a calendar year is \$16,500 for 2009. Ask the Administrator if an additional "age-50 catch-up" contribution is also available (additional \$5,500).
  
  - \_\_\_\_\_% You can defer up to 100% of your compensation, not to exceed the dollar amount listed above for the applicable calendar year.

If electing to participate in the Plan, I agree that all benefits and rights to which I am entitled will be determined in accordance with the terms of the Plan and Trust, and all amendments thereto. In addition, I agree that the Plan Administrator retains the right to reduce the percentage rate of my elective deferral contributions or to refund to me all or a portion of my elective deferral contributions. I understand that I can change my election on the date or dates specified by the Plan Administrator and that I can suspend or cancel my election effective 30 days after I give written notice to the Plan Administrator. If I do cancel or suspend my election, I will not be permitted to make a new election until the next available date specified by the Plan Administrator.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Signature of Employee