

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

B	Payroll Election(s) Catch-Up Election My regular Catch-Up amount is the lesser of the amounts indicated in Column A, Column B or Column C. I elect to contribute to the Plan additional Regular Catch-Up amount(s) of my eligible compensation as indicated below (<i>per pay period</i>): Payroll Effective Date (<i>mm/dd/yyyy</i>) _____ / _____ / _____ Year End Date (<i>mm/dd/yyyy</i>) _____ / _____ / _____ The total before-tax and Roth Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age 50 and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age 50 Catch-Up. <input type="checkbox"/> I elect to cancel my Catch-Up contribution election.
C	Signatures and Consent (<i>Signatures must be on the lines provided.</i>) Participant Consent (<i>Please sign on the 'Participant Signature' line below.</i>) My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that: <ul style="list-style-type: none"> • Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections. • I may change the amount of compensation contributed as allowed under the terms of the Plan. • It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions. • My Employer may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code. • I authorize the payroll deduction as indicated on this form. Any person who presents false or fraudulent information is subject to criminal and civil penalties. Participant Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>
	Employer Certification Signature (<i>Please sign on the 'Employer Certification Signature' line below.</i>) I certify that the information provided by the participant on this Paycheck Contribution Election form is correct. Employer Certification Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i> Print Full Name _____
D	Mailing Instructions Participant forward this form to Employer Employer DO NOT send this form to Service Provider. Please retain for your records.

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.