**Plan Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salary Deferral Agreement**

**Do not send to Azzad. Please forward to the person or company responsible for payroll.**

**Section 1. Participant Information**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Hire** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2.** **Election Not to Defer**

[ ]  I do not wish to contribute to the Plan at this time. However, I understand that I can elect to contribute to the Plan in the future, and that any such future election can only be made at such time or times as permitted under the Plan's policy governing salary reduction elections.

**Section 3.** **Election to Defer**

[ ]  I elect to contribute $\_\_\_\_\_\_\_\_\_\_\_ to the Plan each pay period. *Note: Your deferrals cannot exceed $18,000 for calendar year 2015 unless you are eligible to make catch-up contributions, in which case you can defer up to an additional $6,000 for calendar year 2015.*

I understand (1) that I can change my election from time to time as permitted under the Plan's salary reduction policy; (2) that I can suspend or cancel my election upon reasonable written notice to the Administrator; (3) that if I do cancel or suspend my election, I can make a new election at such times as permitted under the Plan's policy governing salary reduction elections; and (4) that it may be necessary for the Plan to reduce the percentage or dollar amount I have indicated above if necessary for the Plan to comply with certain non-discrimination and/or maximum deduction tests required by the Internal Revenue Code.

**Section 4.** **Participant's Signature**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_