

## HRSA-ILA Annuity & Savings Plan Deferred Salary Agreement

### PARTICIPANT DATA (Please print)

Participant's Name \_\_\_\_\_  
first middle last

Social Security No. \_\_\_\_\_  NEW PARTICIPANT  
 ELECTION CHANGE

Port No. \_\_\_\_\_

### CONTRIBUTION DATA

#### VOLUNTARY CONTRIBUTION ELECTION (Before-tax contributions):

Please deduct \$\_\_\_\_\_ per hour for each pay period to be deposited in my Deferred Salary Account. I understand that I may revoke my election at any time or I may change this election as allowed by the Plan.

### PARTICIPANT AUTHORIZATION

I understand the following:

Contributions which exceed limits imposed by law will be returned to me, adjusted for any investment gain/loss resulting from them, and treated as taxable income in accordance with current tax law. The funds may involve financial risk. The Plan Administrator may reduce my contribution rate without prior notice in order to maintain the Plan's Internal Revenue Code qualification. My employer will reduce my compensation by the dollar amount above in order to make contributions to the Plan.

### FOR NEW ENROLLEES

**THIS FORM MUST BE COMPLETED ALONG WITH THE PARTICIPANT NEW ENROLLMENT FORM. IF NO INVESTMENT ELECTION IS MADE CONTRIBUTIONS WILL BE INVESTED INTO THE DEFAULT INVESTMENT FUND.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Please Return the Form to:

Participant Services  
HRSA-ILA  
1355 International Terminal Blvd.  
Norfolk, VA 23505