

BONUS CONTRIBUTION ELECTION FORM

Social Security Number

Plan Number:

24939

Plan Name: Maryfield, Inc. 401(k) Plan

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Bonus Deferral Contribution Election(s)

a. I elect to contribute the following whole percentage of my bonus on a **PRETAX** basis:

Percentage: _____ %

Note: The amount elected above cannot exceed 100% of the Employer paid cash bonus and the total Deferral Contributions for the full Plan Year cannot exceed 50.00% of your eligible Compensation. Your total Deferral Contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year. The Employer has the right to restrict a Participant's right to make Deferral Contributions if they will adversely affect the Plan's ability to pass the "ADP" and/or the "ACP" test.

Investment Elections

Note: Your contribution will be invested according to your existing investment elections for future contributions.

Signatures

I understand that my bonus contribution election(s) will become effective commencing with the payment of the designated bonus made after my Employer can reasonably process it. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible bonus by the amount indicated above and to make this bonus deferral contribution to the Plan on my behalf.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) _____ **DATE** _____

PLAN ADMINISTRATOR (print name): _____