SIMPLE IRA SALARY REDUCTION AGREEMENT

SECTION I - GENERAL PLAN INFORMATION

Participant's Name: _____

Participant's Address: _____ SSN: _____

Name of Employer: PACIFIC FACILITY SOLUTIONS

Trustee/Custodian: Primerica Shareholder Services

SECTION II - SALARY REDUCTION DEFERRAL ELECTION

1. Subject to the requirements of the SIMPLE Retirement Plan of the above-named employer, I authorize the following amount or percentage of my compensation to be withheld from each of my paychecks and contributed to my SIMPLE IRA as a "Pre-Tax" salary reduction contribution.

   a. _____ percent of my salary (not in excess of 100%); OR
   b. $ _____ per pay period; OR
   c. $ _____ as of _____ [insert amount and date of single-sum deferral payment]

I understand that the total amount of pre-tax elective deferrals may not exceed the maximum deferral limit permitted by law, subject to cost-of-living adjustments.

☐ 2. I elect to terminate my salary reduction contributions. (Proceed to Section VIII below.)

☐ 3. I elect not to participate in my employer's SIMPLE Plan with respect to Salary reduction contributions.

I understand that this salary reduction authorization shall remain in effect until I give a written modification or termination of its terms to my employer.

SECTION III - AMOUNT OF DEFERRAL

1. If I will be under age 50 by the end of the relevant year, I understand that the total amount of my salary reduction contributions cannot exceed a specified dollar amount explained in the Summary Description.
2. If I will be age 50 or over by the end of the relevant year, I understand that the total amount of my age 50 catch-up salary reduction contributions cannot exceed a specified dollar amount explained in the Summary Description.
3. I understand that the total amount I defer in any calendar year to this SIMPLE may not exceed the lesser of: _____% of my compensation; or the dollar limitation indicated in 1(a) or 1(b) above.

SECTION IV - COMMENCEMENT OF DEFERRAL

The deferral election specified in Section II above shall not become effective before _____ (Specify a date no earlier than the first day of the first pay period beginning after you sign this agreement.)

SECTION V - DISTRIBUTIONS FROM SIMPLE IRA

I understand that any amounts withdrawn from my SIMPLE IRA are includible in my gross income and may be subject to a 25% additional income tax if withdrawn within 2 years of the day I first participated in this SIMPLE Plan.

SECTION VI - EMPLOYEE SELECTION OF SIMPLE IRA TRUSTEE OR CUSTODIAN

I select the following financial institution to serve as the trustee, custodian, or issuer of my SIMPLE IRA.

Name of Financial Institution: _____

Address: _____

SIMPLE IRA Account Name/Number: _____

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE IRA Plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed

by the date contributions must be made under the SIMPLE IRA Plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

Date: _____ Signature of Participant: _____

SECTION VII - TERMINATION OF ELECTIVE DEFERRALS

I understand that my employer may restrict me from resuming elective deferrals until the January 1st of the next Plan Year, if so indicated on the Adoption Agreement.

☐ I wish to stop my elective deferrals as of _____. (Fill in the date you want your salary reduction contributions to end. The date must be after you sign this agreement).

Employee Initials: _____ (Proceed to Section VIII below.)

SECTION VIII - PARTICIPANT AUTHORIZATION

I hereby authorize the implementation of the above elections. This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the SIMPLE IRA Plan or until I provide my Employer with a new salary reduction agreement as permitted under this SIMPLE IRA Plan.

Signature of Employee: _____ Date: _____