PARTICIPANT INFORMATION					
Full Name of Participant:					
Last	First			ľ	ΛI
Phone Number:	UltiPro ID Number:				
					_
<b>DEFERRED COMPENSATION SE Note:</b> Indicate amount per paycheck; there in addition to mandatory 401(a) contribution	e are 26 paychecks	s per calendar y	ear. Deferred co	ompensation deductions are	
	Pre-tax, % o	or\$ R	oth, % or \$	Total, % or \$	
□ Initial Election Amount					
□ Change Amount to					
□ Age 50+ Catch-Up Contribution					
□ Special Catch-Up Contribution*					
□ Stop Contributions					
Payday Effective Date:		'		,	J
(If no date is listed, new amount will	be effective on t	the first paych	eck of month	following receipt.)	
FOR HELP OR QUESTIONS					
Contact Human Resources at (97) To select investment options a account at TIAA.org/larimer.	,	•	_	•	
Participant Signature			Date		
* For participants who are in one of the last three the maxium each year. This amount must not exceed the Age-50 catch-up and this special 3-year catch-	eed the statutory limit	tation under IRC §			

**HR USE ONLY**