

BROOKHAVEN SCIENCE ASSOCIATES 401(K) PLAN AGREEMENT FOR SALARY REDUCTION

Employee Name: _____
(print first and last name)

Effective _____, I elect to have my salary reduced by _____% of gross salary per pay period (maximum = 25%) for contribution to the Brookhaven Science Associates (BSA) 401(k) Plan. I further elect that contributions to the Plan on my behalf be allocated to TIAA-CREF, Fidelity Tax-Exempt Services Company and/or The Vanguard Group as designated below.

Salary Allocation to Investment Companies	Investment Company
_____ % of gross salary	TIAA-CREF
_____ % of gross salary	Fidelity Tax-Exempt Services Company
_____ % of gross salary	The Vanguard Group
_____ % of gross salary Must equal total salary reduction % indicated at the top of this form.	Total All Investment Companies

For employees age 50 or over:

I elect I do not elect to have my salary further reduced for catch-up contributions to the BSA 401(k) Plan. I understand that catch-up contributions to the Plan on my behalf will be allocated as indicated above and will be withheld after the regular 401(k) limit has been reached unless I have requested a total reduction of 25% of gross salary, in which case I elect \$ _____ be withheld each pay period.

I acknowledge that my contributions to the Plan cannot exceed the limits contained in the Plan and the Internal Revenue Code. The elections indicated above will remain in effect until I revoke or amend them. Changes will be effective on the first day of a pay period by giving at least thirty days written notice. No more than one Agreement for salary reduction under the Plan may be made within any calendar month.

Life #: _____ Social Security #: _____

Date of Birth: _____ Payroll Status: Weekly Monthly
(MM/DD/YYYY)

I certify that all information completed above is true and correct.

Signed this day, _____ By: _____
(date) (employee's signature)