

Certification of Participant Contribution

Name of Participant

Social Security Number

Date of Hire

Annual Salary

Less: FICA

Less Medicare

Net Annual Salary Available for Funding

Contribution Amount Annual Amount

Per Pay Period

I certify that the amount which I will contribute to the Plan shall not exceed 25 percent of my annual salary or the IRS limit (which for 2004 is \$13,000 plus an additional \$3,000 for those persons who are age 50 and over).

Participant Name

Date