



EQUITABLE

**Employee Contribution
Election Form
for Plans without Roth
Savings Features**

Return via Mail or Fax:
Equitable-Retirement
PO Box 219489
Kansas City, MO 64121-9489
Street and Overnight Address:
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430 W. 7th Street STE 219489
Kansas City, MO 64105-1407
Fax Number: (816) 218-0412
For Assistance Call: (800) 528-0204
www.equitable.com

Note: This form should be submitted only to your employer

PLEASE PRINT

Section 1

Employer's Name: _____

Employee's Name: _____

Social Security Number: _____ **Effective Date:** _____
(mm/dd/yyyy)

I, the undersigned employee, acknowledge that:

- I am eligible to participate in this Plan;
- the provisions of this Plan have been explained to me; and
- I understand the provisions of this Plan as well as my rights and obligations under the Plan.

Section 2

I hereby make the choice indicated below: (check either A or B, not both)

A. I wish to contribute to the Plan, and authorize my Employer to withhold from my pay on a before-income tax basis an amount equal to (check only one option below, not both, and then fill in the amount):

_____% of pay per pay period, or

\$_____ per pay period.

I understand that the amount specified above to be invested for me under the Plan, shall be withheld by my Employer effective as of the earliest date specified in the Plan and/or the Plan's administrative rules established by the Plan Administrator. I also understand that I will be allowed to change this election in accordance with the provisions of the Plan and/or the Plan's administrative rules.

B. I do not wish to contribute to the Plan. I understand that I may elect to contribute to the Plan in the future as long as I remain eligible to participate in the Plan. Further, I understand that any future election to contribute may only be made in accordance with the provisions of the Plan and/or the Plan's administrative rules established by the Plan Administrator.

Section 3

Agreed to by the Employee

Signature

(Date mm/dd/yyyy)

Note: This form must be completed, signed and dated by the employee regardless of whether or not contributions will be made to the Plan. After completion, this form should be given to your Employer and kept together with the Plan documents and records. ***This form is for the Employer and must not be submitted to Equitable or to the Equitable Advisors Financial Professional.***