

Prestige Employee Administrators/Prestige Ret Svgs Plan Bonus Deferral Election Form

Instructions: Use this form if you do not want your deferral election to apply to bonus pay. Please complete Steps 1 through 3 to avoid delays in processing your request. Return this form to your Plan Sponsor at the address listed below. Deferral information below is solely for the benefit of the Plan Administrator. This information shall not be maintained or acted upon by Capital Retirement Plan Services.

STEP 1: PARTICIPANT INFORMATION

Participant's Name (Last Name, First Name, Middle Initial):		Social Security Number:	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, Date Divorce Effective _____			
Street Address:			
City:	State:	Zip Code:	
Email Address:	Daytime Phone:	Evening Phone:	
Company/Worksite Employer:	Date of Hire:	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	

STEP 2: DEFERRAL ELECTION

Please select one of the following options:

- Option 1: I do not want my deferral election to apply to my bonus for paydate _____ (specify "All" if you wish to exempt all bonus pay from your deferral election on regular salary).
- Option 2: I want to apply a deferral election of _____% to my bonus for paydate _____ (specify "All" if you wish to apply this deferral percentage to all bonuses).

STEP 3: YOUR SIGNATURE

I agree that my employer shall effect the bonus deferral election as specified above. This election shall be in effect until my employer receives written notice of change. I certify that I have the power and authority to give the instructions stated herein. All terms shall be binding upon the heirs, representatives and assignors of the account owner. I understand that withdrawals prior to retirement at age 59 1/2 from a qualified retirement plan are limited by federal law. Please contact Capital Retirement Plan Services at 800-878-5220 if you have any questions regarding this election or distributions from your plan.

Signature: _____ Printed Name: _____ Date: _____

STEP 4: PLAN SPONSOR APPROVAL

Step 4 is completed by the Plan Sponsor representative. (upon submission)

Signature: _____ Printed Name: _____ Date: _____

RETURN THIS FORM TO:

BlueStar Retirement Services, P.O. Box 2349, Ponte Vedra, FL 32004-2349 or FAX: 800.260.4066