

Please return your completed Salary Deferral Agreement to your Benefits Administrator.

Participant Name _____

Address _____

City, State, Zip _____

Social Security Number _____ Birth Date _____ Hire Date _____

Daytime/Cell Phone _____ Marital Status _____

E-Mail _____

_____ Paper Quarterly Statements _____ Electronic Quarterly Statements (be sure to provide e-mail above)

_____ **Initial enrollment** _____ **Bonus election** _____ **Change of prior election** _____ **Cancellation** _____ **Decline to participate**

Effective date of election: ____/____/____

Subject to the requirements of the Plan, I elect to defer the following amount of my eligible compensation (i.e., wages, salary, etc.) into the Plan each pay period.

\$ _____ into my **PRE-TAX** 401(k) Deferral Account

The Employer agrees to contribute the amount designated above as salary deferrals into the appropriate accounts under the Plan. I understand that I may change or cancel my election by completed a new Salary Deferral Agreement as authorized under the Plan's deferral elections procedures. I understand that my election will be processed in the time and manner provided in the Plans' administrative procedures.

I further understand that, in the absence of an Investment Election form, my contributions will be invested in the TCO Target Retirement Fund appropriate for my projected retirement date (age 65) until I direct otherwise by submitting a completed Investment Election form or submitting an online change at www.TrustOk.com

Text messaging is provided as a service to participants. By signing this agreement I authorize The Trust Company of Oklahoma to send text messages to my cell phone.

Participant Signature

_____/_____/_____
Date