

**PROGRESSIVE SERVICES, INC. 401K Salary Reduction Plan
Contribution Acknowledgment, OR Change -" Zero Out"**

Personal Information (Please Print or Type)

Plan Sponsor Name Progressive Services, Inc. 401K Plan	Contract No. /Plan I.D. 503260-01	Loc. No.
Participant Name	Social Security No. _____ - _____ - _____	

Part I – Contributions

I understand that I must elect both Salary deferral percentage, as well as any Bonus, Commission, Incentive Pay deferral percentage. I request that my future Salary deferral and Bonus, Commission, Incentive Pay deferral percentage be reduced/increased/remain the same by the deferral percentage indicated below. The amounts deducted from my Salary/Bonus, Commissions or Incentive Pay will be contributed for me to the retirement plan named above. This modification is binding and irrevocable with respect to amounts earned while it is in effect except to the extent amounts must be reduced/increased to meet limits stated in the plan. This modification will continue in effect for my salary compensations as well as my Bonus, Commission or Incentive Pay until changed by me in writing in accordance with plan provisions. This modification will also continue in effect as long as I am a participant in any of the above listed retirement plan.

Salary Compensation Deferral to be _____% (Whole % Only) of my Salary per pay period (Weekly).

Bonus/Commission/Incentive Pay, Deferral to be _____% per occurrence, (% can NOT be different from Salary Compensation Deferral, Unless, electing ZERO % per occurrence)

The effective date of this change will be based on plan provisions and after our payroll department receives this Form, unless I specify a later effective date of ____/____/_____.

Signature _____ Date _____

Part II – Discontinue Contributions "ZERO OUT"

I request to discontinue my contributions to the retirement plan listed above. I understand I may resume contributions on the next available "Plan Entry Date" provided I have re-enrolled in the plan before that date.

- Discontinue my Salary Deferral Contributions**
- Discontinue my Bonus, Commission, Incentive Pay, Deferral Contributions**

The effective date of this change will be based on plan provisions and after our payroll department receives this Form unless I specify a later effective date ____/____/_____.

Signature _____ Date _____

Return this form to your HR office, Local Administrator, or Payroll Dept.