MCA TRUSTS
HEALTH CARE & RETIREMENT

MONTANA CONTACTORS' ASSOCIATION, INC. - 401(k) RETIREMENT PLAN & TRUST
Salary Reduction Agreement-Elective Deferral

EMPLOYEE/PARTICIPANT INFORMATION:

Employee Name: _____
Social Security Number: _____
Company (Employer) Name: RIVERSIDE CONTRACTING, INC

EMPLOYEE/PARTICIPANT ELECTIONS:

This is a: (*please check one*) ☐ New Election ☐ Election Change

As a participant in the Montana Contractors' Association, Inc. 401(k) Retirement Plan, I understand the Plan permits me to reduce my compensation (wages). The amount (elective deferral) by which I elect to reduce my compensation (wages) shall be withheld from my paycheck and paid by my Employer into the Plan on my behalf. Your 401(k) contributions to this plan are not Roth contributions.
In accordance with my rights as a participant and the provisions of the Plan, I elect to reduce my compensation each pay period and contribute to my 401(k) Plan account by the following amount:

☐ **Percentage**. _____% of my compensation

☐ **Dollar Amount Per Hour**. $_____ per hour

☐ **Dollar Amount Per Pay Period**. $_____ per pay period

Election Effectively Immediately * ☐ **Election Effective as of** _____

☐ I do not wish to defer any amount or I terminate my prior Salary Reduction Agreement

This elective deferral authorizes my Employer to withhold this amount from my paycheck and shall remain in effect until, in writing, I revoke the elective deferral, or change my elective deferral in accordance with a policy established by the Plan Administrator.

_____ _____, 20____
Participant's Signature **Date**

IMPORTANT INFORMATON:
***The elective deferral is effective 5 business days after completing this form and submitting it to your Employer, unless you select a later period above**. You can change your elective deferral by completing a new election form.

The amount of your elective deferral is subject to an annual dollar limitation that is adjusted by a cost of living index. Contact your Employer for the amount of the annual dollar limitation in effect in any given year. If you participate in more than one 401(k) plan, you must notify MCA Trusts by February 1 if you exceed the limitation so that the excess can be distributed to you from this plan. If you are only in this plan and you exceed the limit, the excess will be distributed to you from this plan.

For highly compensated participants, your elective deferrals must meet certain tests and if you do not pass the tests, the excess over the amount allowed by the tests will be distributed to you from this plan.

If you are age 50 or older, you can make catch up contributions in addition to the maximum elective deferral. The amount of the catch up contribution is also subject to an annual dollar limitation that is adjusted by a cost of living index. Contact your Employer for the amount of the catch up annual dollar limitation in effect in any given year.

THIS IS AN OVERVIEW OF PLAN PROVISIONS. PLEASE REFER TO YOUR 401(k) SUMMARY PLAN DESCRIPTION AND/OR THE PLAN FOR COMPLETE INFORMATION. ANY QUESTIONS REGARDING THIS ELECTIVE DEFERRAL SHOULD BE DIRECTED TO THE MCA TRUSTS OFFICE.

EMPLOYERS: PLEASE KEEP THIS ELECTION IN YOUR EMPLOYEE FILES – DO NOT SEND TO MCA TRUST OFFICE