

PAYROLL AUTHORIZATION FORM MMC 401(k) Savings and Retirement Plan

Division (if applicable): _____

Name of Employee (First, Middle, Last)

Social Security Number

Address

Date of Birth

City, State, ZIP Code

Date of Hire

SECTION 1 - SALARY DEFERRAL ELECTION

I hereby elect to participate in the above-referenced plan. I have received written information on the plan, and I understand the general requirements including the pre-tax salary deferral election and the Roth deferral election. I understand that, unless I later amend it, the following election will apply automatically to all future deferrals.

I elect the following **pre-tax** salary deferral: _____% or \$_____ per pay period.

I elect the following **Roth** salary deferral: _____% or \$_____ per pay period.

I elect to have none of my salary deferred into the plan at this time.

NOTE: The Employer reserves the right to reduce a participant's salary deferral percentage if necessary to ensure the plan's compliance with the Internal Revenue Code.

SECTION 2 - INVESTMENT ELECTION

I have received and read the information supplied for each fund selected, and have made a decision regarding my investment selections based on their suitability to my needs and my financial situation. I have logged onto www.TA-Retirement.com to input these investment elections online. If I fail to make investment elections, I understand that any contribution allocated to my account will be deposited into the plan's default investment fund.

I understand that the plan's default investment can be found on the Plan Detail Sheet under Forms & Documents at www.TA-Retirement.com.

If you have any questions or require assistance, please visit www.TA-Retirement.com or contact them directly through email at employeesolutions@transamerica.com or by calling the toll-free number for the Trans Direct Participant Call Center at 800-401-8726.

SECTION 3 - CERTIFICATION

Participant's Signature

Date

ORIGINAL - HUMAN RESOURCES

COPY - EMPLOYEE

COPY - PAYROLL