

**Section A. Employer Information**

Company/Employer Name	<input type="text" value="City of Toledo"/>		
Contract/Account No.	<input type="text" value="JK61748"/>	Affiliate No.	<input type="text" value="00001"/>
		Division No.	<input type="text"/>

**Section B. Personal Information**

Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code
Phone No.	<input type="text"/>	Ext.	<input type="text"/>	
E-mail Address	<input type="text"/>			
Date of Hire (mm/dd/yyyy)	<input type="text"/>			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single/Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Section C. Distribution Information**

I authorize my employer to withhold the percentage indicated below from my compensation as defined in the plan.

Deduct \_\_\_\_\_% per pay period before taxes (up to the maximum % allowed under the plan). (Salary Reduction Agreement)

This authorization is effective with the payroll period beginning \_\_\_\_\_ (may not be retroactive).

**Section D. Signature**

I certify that the information provided on this form is correct.

X \_\_\_\_\_  
Participant Signature

X \_\_\_\_\_  
Date

I certify that this application is appropriate under the terms of the plan, and that any necessary consents and waivers have been obtained.

X \_\_\_\_\_  
Plan Administrator Signature

X \_\_\_\_\_  
Date