



Benefits Use Only:		
403b	_____ 400 ^(S)	_____ 401 ^(S)
401k	_____ 450 ^(S)	_____ 451 ^(S)
Entered: _____		
Initials/Date		

**LEECH LAKE BAND OF OJIBWE SALARY DEFERRAL
401k / 403b Retirement Plan**

401k #204932

403b #204930

Employee Information

Employee Name		Social Security #
Address		Telephone #
City	State	Zip Code
Date of Birth	Date of Hire	

Work Site

Salary Deferral Agreement

I agree that my pay will be reduced by the dollar amount or percentage I have indicated below, and that this dollar amount will be contributed to the Plan. This agreement will continue to be effective while I am employed, unless I change or terminate it.

I elect to defer \$ _____ or _____% of my compensation per pay period.

I elect not to participate in the Plan at this time.

Employee Certification

By signing this form I certify all personal information including my Social Security number is correct.

Signature

Date