



Certification of Participant Contribution

A Mandatory Reference for ADS Chapter 637

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Certification of Participant Contribution

Name of Participant _____

Social Security Number _____

Date of Hire _____

Annual Salary _____

Less FICA _____

Less Medicare _____

Net Annual Salary Available for Funding _____

Contribution Amount: **Annual Amount** _____

Per Pay Period _____

I certify that the amount which I will contribute to the Plan shall not exceed 25 percent of my annual salary or the IRS limit (which for 2006 is \$15,000 plus an additional \$5,000 for those persons who are age 50 and over).

Participant Name Date

*NOTE: For Calendar Year 2005, the contribution limits are \$14,000 plus an additional \$4,000 for those persons who are age 50 and over.