

**Application for Age 50 Catch-Up
401(k) Plan**

Apollo Professional Solutions, Inc. 401(k) Plan

937620-01

Participant Information

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State				Zip Code				Mo		Day		Year	
()						()						Date of Birth					
Home Phone						Work Phone											

Age 50 Catch-Up Election

I understand that I must meet the following criteria: I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the age 50 catch-up amount I have elected to contribute will not be considered a catch-up deferral. I understand that I may contribute an additional \$5,500.00 in 2011.

I elect to contribute the annual amount of _____% of my compensation for **age 50 catch-up amount** as a before-tax contribution. This amount will be divided by the remaining number of pay periods during the calendar year.

Note: The total of your before-tax deferrals cannot exceed \$22,000.00.

Payroll Effective Date: _____
Mo Day Year

Required Signatures

I have read, agree to and understand all pages of this form. This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or until I cease to be an eligible employee. This Agreement supercedes all previous agreements.

_____	_____	Participant forward to Plan Administrator/Trustee
Participant Signature	Date	
_____	_____	
Pension Plan Specialist/External TPA Signature (if applicable)	Date	
_____	_____	
Authorized Plan Administrator Signature	Date	

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