

401(k) Deduction Agreement – Deferred Savings Plan

PLEASE PRINT

Plan Name Schwartz Brothers Restaurants		Division/Payroll Center 90206-01	
Social Security Number	Team Member's Last Name	First Name	M.I.

PURPOSE OF THIS AGREEMENT:

This Agreement is intended to establish or change the undersigned's decision to make elective contributions to the Schwartz Brothers Restaurants 401(k) Pre-Tax Savings Plan and Trust (the "Plan") in a manner which satisfies Section 401(k) of the Internal Revenue Code, as amended (the "Code").

TERMS OF THE AGREEMENT:

This Agreement shall apply to all compensation (including overtime, bonuses, tips, and other compensation) due me from the effective date specified below unless cancelled or superseded by me. This Agreement supersedes all previous agreements.

I understand that I may change the percentage of compensation contributed to the Plan effective as of the first day of any calendar quarter. I may stop contributions as of any pay day as long as I give timely written notice. Finally, I understand that I may not contribute in excess of the Plan limit if applicable to me and any contributions to this Plan or any other Plan in excess of the 402(g) limit will be returned to me. The 402(g) limit for 2013 is \$17,500. Catch-up contributions are in addition to the Plan limit or the 402(g) limit.

Begin Deductions Increase Deductions Decrease Deductions Stop Deductions

Start Catch-Up for 2013 – up to \$5,500 – I will be 50 years of age or older by 12/31/13.

\$ _____

Effective Date: _____

(Use pay period end date for Stop Deductions ONLY. All other changes can only be made at an open enrollment period Jan 1, April 1, July 1, Oct 1.)

BEFORE TAX Contribution Election:

I, the undersigned employee, agree to have my employer deduct from my gross compensation (including tips withheld) on a pre-tax basis the following amount: _____%, or \$_____ for each of the regular pay periods and contribute that amount to the deferred savings plan. This Agreement is effective as of the date above.

EMPLOYEE CERTIFICATION & SIGNATURE:

I have read and agree to the terms of this agreement and authorize the payroll deduction as indicated on this form.

Signature of Employee: _____ Date: ____/____/____

PLAN SPONSOR/TRUSTEE CERTIFICATION & SIGNATURE:

I certify that this request is in compliance with plan provisions.

Signature of Plan Sponsor/Trustee: _____ Date: ____/____/____