PORTS PETROLEUM EMPLOYEE 401K PLAN Contribution Change

Personal Information (Please Print or Type)

Plan Sponsor Name	Contract No./Plan I.D.	Loc. No.
Ports Petroleum Co., Inc.	520310	
Participant Name	Social Security No.	
	XXX-XX-	

Part I – Change Contributions

I request that my future salary from the company be reduced by the deferral percentage change(s) shown below. The amounts deducted from my salary will be contributed for me to the retirement plan(s) named above. This modification is binding and irrevocable with respect to amounts earned while it is in effect except to the extent amounts must be reduced to meet limits stated in the plan. This modification will continue in effect for my salary until changed by me in writing in accordance with plan provisions. This modification will also continue in effect as long as I am a participant in any of the above listed retirement plan(s).

I understand that my current and future salary will be deducted per pay period as follows:

Change my before-tax <u>salary deferral</u> contributions to period.	_% (1%- <u>100</u>	_%) of my salary or \$	_per pay
Change my Roth after-tax <u>salary deferral</u> contributions to period.	% (1%- <u>100</u>	%) of my salary or \$	per pay
For Bonus Salary Deferral Contributions Only:			
Change my before-tax <u>bonus salary deferral</u> contributions to _ pay period.	% (1%-	100 %) of my salary or \$	per
Change my Roth after-tax bonus salary deferral contributions to per pay period.	o% (1%	-100 %) of my salary or $_{.}$	
The effective date of this change will be based on plan provi unless I specify a later effective date	isions and after o	our payroll department receives	s this form,
Signature	Date		
Part II – Discontinue Contributions			
I request to discontinue my contributions to the retirement pla the next available Plan Entry Date provided I have re-enrolled			ributions on
 Discontinue my Before-tax Salary Deferral Contributions Discontinue my Roth After-tax Salary Deferral Contribution Discontinue my Bonus Deferral Contributions 	S		
The effective date of this change will be based on plan provi unless I specify a later effective date	isions and after o	our payroll department receives	this form,
Signature		Date	