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Deseret Mutual use only
Company Code

THRIFT PLAN MAKE-UP CONTRIBUTIONS

NAME			DESERET MUTUAL ID NUMBER	
MAILING ADDRESS			SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	BIRTH DATE	EMPLOYER
HOME PHONE NUMBER ()			WORK PHONE NUMBER ()	

My maximum Make-up Contribution for this year is calculated at \$_____ .
(Please remember that after-tax contributions are subject to non-discrimination testing at the end of the year and may be subject to refund.)

I am contributing \$_____ as a Make-up Contribution to my Thrift Plan account. (I understand this contribution must be a minimum of \$100.)

I know my Make-up Contribution will be allocated based on my existing allocation percentages.

I certify this Make-up Contribution does not exceed the maximum allowable contribution level Deseret Mutual has calculated this year for me. I also understand that if I contribute the maximum amount shown above, then I will not be allowed to increase the percentage deducted from my paycheck for any Thrift Plan options for the rest of this year.

Signed _____ Dated _____

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Date received at Deseret Mutual: _____

Received by: _____

Deposit approved by: _____