

LOCKHART 401(K)/RETIREMENT PLAN

401(k) SALARY DEFERRAL ELECTION – 2026 PLAN YEAR

As a participant in the Lockhart 401(K)/Retirement Plan, I understand that the Plan permits me to make a 401(k) contribution. The amount by which I elect to contribute as a 401(k) deferral shall be withheld from my paycheck and paid by: Check your employer's box below:

	Echelon Property and Casualty		LRI Management, Inc.
	Guardian Insurance Company		Masters Insurance Agency
	Lockhart Companies		Premium Finance Company

The Plan permits me to make 401(k) deferrals up to a dollar maximum. For the **2026 calendar year this limit is \$24,500 or \$32,500 if age 50 or older in 2026. However, for employees ages 60, 61, 62 and 63 in 2026 the limit is \$35,750.** Deferrals are not limited as a percent of salary. Salary deferred is not subject to Income Tax, but is subject to FICA taxes.

- I understand that the deferrals will cease during a calendar year when the sum of my deferrals reaches the applicable dollar limit allowed.
- This election is to be effective as of the pay period as soon as possible following the date signed below.
- This election authorizes my employer elected above to withhold this amount from each of my paychecks and shall remain in effect until I revoke this election in writing to change my election amount or percentage.
- I understand that I may change my election on salary reductions once per quarter in accordance with a policy established by the Plan Administrator and that I may stop all deferrals at any time.
- Any questions regarding this election will be directed to the Plan Administrator.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to make the following 401(k) savings, by choosing to make Pre-Tax deferrals, Roth Deferrals or to not participate at this time. You may choose to make both Pre-Tax and Roth Deferrals.

	PRE-TAX Elective Deferral Contributions – Complete a dollar amount or percent of pay
	To contribute _____ % or \$ _____ dollars per pay period

	ROTH Elective Deferral Contributions – Complete a dollar amount or percent of pay
	To contribute _____ % or \$ _____ dollars per pay period

Print Name _____ **Sign** _____ **Date** _____

*Please return this form to the company payroll or human resource department.
Only use this form if you have already set up your Voya account. If you do not have a Voya account yet you need to complete a Voya enrollment form.*

Visit Lockhart401K.com for more information.