BORRAR

ENROLLMENT AND CHANGES TO THE POPULAR MASTER PLAN

Scientific Games 1081.01d Plan	Scientific Games	
PLAN NAME	COMPANY NAME	
FULL NAME	SOCIAL SECURITY NUMBER	EMAIL
ADDRESS		ZIP CODE
EMPLOYEE NUMBER	HIRE DATE	MARITAL STATUS: ☐ MARRIED ☐ SINGLE — BIRTH DATE

PARTICIPATION - PRE-TAX CONTRIBUTIONS

I authorize my employer to deduct from my salary each payroll date, the percentage indicated here for deposit to the Savings and Retirement Plan _____% which shall not exceed the following dollar limits:

Amount: $15,000

Year(s): 2020 and future years

PARTICIPATION - AFTER-TAX CONTRIBUTIONS

I authorize my employer to deduct from my salary each payroll date, the percentage indicated here for deposit to the Retirement and Savings Plan. (Maximum 10%) _____%

TRANSACTION TYPE

[ ] Eligibility Date _____
[ ] New Enrollment
Effective Date _____
[ ] Re Enrollment
[ ] Suspended Contributions
[ ] Contributions Reinstatement
[ ] Change Contribution Percentage
[ ] After-Tax Contribution of
$_____
[ ] Beneficiary Change
Effective Date _____
[ ] Address
[ ] Change of Name/Last Name:
_____
[ ] I do not wish to participate in the plan
[ ] I do not wish to participate of the Automatic

To select how to invest your future contributions to your plan, access your acount at www.popular.com/en/401K. If the contributions are deposited in the Plan previous to Banco Popular receiving your investment selections, your contributions will be invested in the predetermined selection of your employer. Access www.popular.com/en/401K to select how to invest in your plan.

PRIMARY BENEFICIARIES

FULL NAME	RELATIONSHIP	SOCIAL SECURITY	%

SECONDARY BENEFICIARIES (In case of death of primary beneficiary)

FULL NAME	RELATIONSHIP	SOCIAL SECURITY	%

Note: If you are married, and your spouse is not your only beneficiary, he/she must sign in this section. His/Her signature should be made before a Notary Public or your Plan Administrator.

I,_____, am the legal spouse of the plan participant and I'm signing this form and resigning to my primary beneficiary designation as indicated in the above section of this document. I resign to my right of receiving the full benefit I might have otherwise received should my spouse decease.

_____ _____ _____
SPOUSE SIGNATURE DATE SELLO NOTARIO

_____ _____
NOTARY PUBLIC SIGNATURE OR PLAN ADMINISTRATOR DATE

I certify that the information herein given is true and correct to the best of my knowledge.

_____ _____
PARTICIPANT SIGNATURE DATE

OFFICIAL USE

PROCESSED BY	DATE	REVIEWED BY	DATE

POPULAR®