



Christmas Savings Plan



Please Fax back to 1-866-273-1188

Enrollment Form

I elect to enroll into Topp Knotch Personnel Christmas Savings Plan.

My weekly contribution is \$ (*minimum \$5.00 per check*).

I wish not to enroll for Topp Knotch Personnel Christmas Savings Plan.

Employees may enroll into the Christmas Savings Plan at anytime during employment. The Christmas Savings Plan can be increased but **CANNOT** be decreased. Employee will receive a check the first payroll in November. **THERE IS NO EARLY WITHDRAWAL.** Only if an employee is terminated they will be cut a check within 48hrs (*not if the contract has ended*). Your contribution will be deducted from your weekly gross amount.

Employee Signature

Date

For office use only:

Payroll

Date entered _____

Payroll Signature

Date