MIDLAKES MANAGEMENT CORPORATION
RETIREMENT SAVINGS PLAN
ELECTIVE DEFERRAL REQUEST FORM

NAME: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____

_____

PLAN YEAR: **January 1, _____ to December 31, _____**

I hereby request that _____% or $_____ be withheld each pay period. **You may choose to contribute from 0% to 75% of your Compensation to a maximum of $12,000 ($14,000 for employees who are age 50 or over by 12/31/03).** This request will remain in effect until I notify my employer that I would like to change this percentage, either up or down. I realize that I can change this agreement two times a year on the dates indicated below. I can stop deferring at any time, but cannot re-enter until the next entry date

January 1st, April 1st, July 1st or October 1st

I

_____ _____

Signature Date

•• OR ••

I have decided, at this time, not to defer any of my salary. I realize that I cannot defer again until the next **ENTRY DATE** which will be either January 1st or July 1st, and I will notify my Employer at least 15 days prior to these dates of my intent to start deferring.

_____ _____

Signature Date

The above election is to be effective: _____, 20____.

FOR CHANGES IN THE ELECTIVE DEFERRAL PERCENTAGES OR TERMINATION OF THE AGREEMENT, YOU MUST COMPLETE A NEW FORM. PLEASE NOTIFY OFFICE 15 DAYS PRIOR TO ANY CHANGE.

IF YOU DEFER UNDER MORE THAN ONE EMPLOYER PLAN DURING ANY CALENDAR YEAR, IT IS IMPERATIVE THAT YOU NOTIFY YOUR TAX ADVISOR AS SOON AS YOU RECEIVE YOUR W-2. THERE ARE LIMITS AND COULD ALSO BE TAX CONSEQUENCES.