



# 401(k) Plan Opt-Out Form

2017

## Employer Information

\_\_\_\_\_  
Company Name\*

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Email\*

\_\_\_\_\_  
First Name\*

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last Name\*

\_\_\_\_\_  
Street Address\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Social Security Number\*

\_\_\_\_\_  
Birth Date (MM/DD/YYYY)\*

\_\_\_\_\_  
Date of Hire (MM/DD/YYYY)\*

Married  Not Married

## Contribution Amount

I do not wish to participate in the 401(k) plan at this time. \*

## Signature

\_\_\_\_\_  
Employee Signature\*

\_\_\_\_\_  
Date\*

**Mail to:** TAG Resources, LLC  
6322 Deane Hill Drive, Suite 201  
Knoxville, TN 37919

**Fax:** 865-670-0227

**Email:** employees@tagresources.com

\*Indicates required information