RESET

ENROLLMENT AND CHANGES TO THE POPULAR MASTER PLAN

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 or amount indicated here for deposit to the Retirement and Savings Plan. (Maximum 10%) _____% or $_____ dollars.

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 auto-escalation (deferral rate auto-increase)

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 | NOTARY SEAL

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®