

Employee Stock Purchase Plan Election Form

Employee Information

Employee Name:		EEID:
Email or Phone Number:		Location:
Please m	nake your election by checking the appropriate box and entering the amou	ınt you want to contribute.
Base Pay Election		
	I elect to participate in the Worthington Enterprises Employee Stock Purchase Plan and request that the following amount be deducted from <u>EACH</u> regular pay period: \$00	
Supplemental Pay Election		
	I elect to participate in the Worthington Enterprises Employee Stock Purchase Plan and request that the following amount be deducted from EACH Supplemental pay (i.e., profit sharing, bonus, etc.): \$00	
I understand that this money will be used to purchase full and fractional shares of Worthington Enterprises Common Stock under the Plan and that my rights are not transferable except as provided by the Plan. I also understand that this authorization will remain in effect subject to my continued eligibility to participate, or until I elect to change or cancel my contributions, as provided by the Plan.		
Employee Signature		Date
Return t	this form to:	
Worthington Enterprises People Center		

Worthington Enterprises People Center 200 Old Wilson Bridge Road Columbus, OH 43085 wpc@wthg.com