

We recommend saving this document to your local computer for completion.

Print a copy of the document, if possible, for offline reference.

Once saved, the full application may be completed from your desktop computer.

VERY IMPORTANT

For Desktop computing, Adobe Reader XI is required to complete the full application AND to be able to save a completed copy.

If you need to upgrade to Adobe Reader XI, click here:

<http://www.adobe.com/products/reader.html>

Due to inconsistencies in performance of Readers on mobile tablet devices, our best recommendation is to use a desktop computer.



Employee Relief Fund

PAYROLL CONTRIBUTION FORM

Contributions to Rollins Employee Relief Fund through payroll deduction will be tax deductible. Documentation for tax reporting purposes will be provided on your pay stub provided by Rollins, Inc., or its subsidiaries or affiliates.

Print Full Name: _____

Employee Address Book #: _____

Branch/Region/Office Location #: _____

Please mark the appropriate designation below:

_____ New Sign Up

_____ Change to Existing Contribution

_____ Cancellation of Contribution

Please select one of the following options:

1) I wish to donate this flat dollar amount per pay period:

_____ \$1 _____ \$5 _____ \$10 _____ \$15 _____ \$20 Other: \$_____

This contribution will continue unless and until I notify the Fund in writing of my intent to change or cancel it.

OR

I prefer to make a 1 time contribution in the flat amount of \$_____.

Employee Signature: _____ Date: _____

Submit completed form by Inter-Office Envelope or mail to:

“Rollins Employee Relief Fund” c/o Rollins Payroll Dept., 2170 Piedmont Road, NE, Atlanta, GA 30324.

Fax to: 404-888-2310