

Enrollment Form

Name of Plan _____

Use this form to enroll in your company's plan. You must complete this form whether you choose to participate in the plan or not. Complete Section 1 and choose the appropriate boxes in Sections 2 and 3. Complete the remaining sections as indicated. If you choose to participate in the plan, you must also complete the Designation of Beneficiary Form.

Do not use this form to change your investment elections. These changes should be made via the telephone or Internet.

1. EMPLOYEE INFORMATION

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

2. TYPE OF ENROLLMENT

New Employee

Re-hired employee

Plan entry date _____

Re-hire date _____

3. PARTICIPANT INFORMATION

I choose to make salary deferrals in the plan. (Complete Sections 4 through 6)

I choose not to make salary deferrals in the plan. (Complete Section 6 only)

4. SALARY DEFERRAL INFORMATION

I authorize my employer to withhold from my wages each pay period the following:

Please withhold an amount equal to _____% or \$_____.

5. INVESTMENT INFORMATION – Review enrollment materials before making your selection.

Investment elections will apply to all contribution types allowed under the plan. Please invest my future contributions as follows:

Investment Election		Investment Election	
1. _____	%	5. _____	%
2. _____	%	6. _____	%
3. _____	%	7. _____	%
4. _____	%	8. _____	%

6. SIGNATURES

By signing below, I acknowledge I have read a copy of the prospectus for each fund to be purchased and understand its terms. I have the right to change, amend or otherwise revoke this agreement, in writing, subject to plan administration provisions.

Employee signature _____ Date _____

Employer signature _____ Date _____

DESIGNATION OF BENEFICIARY FORM

TO BE RETAINED BY EMPLOYER

Name of Plan _____

Name of Participant _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

PRIMARY BENEFICIARY (IES)

Name	Relationship	Date of Birth	% Share of Proceeds
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SECONDARY (IES) (In the event there are no surviving Primary Beneficiaries)

Name	Relationship	Date of Birth	% Share of Proceeds
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This beneficiary designation may be changed from time to time by filing a new designation. If a participant is married, spousal consent to the beneficiary designation change will be required. No designation shall be effective unless filed with the Employer or Trustee. Where more than one Primary Beneficiary has been designated, distribution from the trust account will be made in equal amounts, unless otherwise indicated, among those Primary Beneficiaries who are alive at the time of distribution. If a designated Primary Beneficiary is not alive at the time of distribution, his share will be added to the share of each surviving Primary Beneficiary in the proportion that the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of distribution, distribution will be made on the same basis to designated Secondary Beneficiaries.

If you a married participant and die prior to retirement, the trustees shall satisfy your requirement to provide a qualified preretirement survivor annuity to your spouse if required in accordance with the applicable provisions of the Retirement Equity Act of 1984, unless the preretirement annuity has been properly waived. If there has been a proper waiver, the entire death benefit, if any, shall be paid in accordance with the above.

Signature of employee _____ Date _____

Witnessed _____ Date _____

Name of spouse _____

Signature of spouse _____ Date _____

Witnessed _____ Date _____