



Enrollment & Beneficiary Designation Form

Plan Name: _____ SSN: _____

Check One:

- To Enroll:** Complete Sections I, II, III, & IV
- To Decline Enrollment:** Complete Sections I, II & IV
- To Change Address or Beneficiary:** Complete Section I, III & IV
- To Change Deferral Percentage:** Complete Section I, II & IV

Section I: Name and Address

Last Name _____ First Name _____ Middle Name _____ Telephone _____ Date of Birth _____ Date of Hire _____
 Street Address _____ City _____ State _____ Zip _____
 Rethire? Yes No Original Hire Date _____

NOTE: Please Type or Print

Section II: 401(k) Deferral Election

I instruct the Payroll Department to defer from each paycheck the following whole percentage or dollar amount as a *pre-tax* contribution toward my 401(k): _____ % or \$ _____. (To decline, enter "0" in the space provided.)

Section III: Beneficiary Designation

Marital Status: Unmarried Married

If you have more than one primary beneficiary, your vested account balance will be divided as you specify below. Should a beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving primary beneficiaries. Contingent beneficiaries receive benefits only if there is no surviving primary beneficiary. Should a contingent beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving contingent beneficiaries.

	Full Name	Relationship	Percentage
Primary	_____	_____	_____ %
Beneficiaries	_____	_____	_____ %
Contingent	_____	_____	_____ %
Beneficiaries	_____	_____	_____ %

If you are now married and the above primary beneficiary is someone other than your spouse, the following approval must be signed by your spouse and notarized. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary form.

I consent to the beneficiary designation above: _____
Signature of participant's spouse **Date**

This instrument was signed before me on _____ 20____, by _____
Notary Public for _____ My commission expires _____

Section IV: Participant Authorization

I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until they are replaced by a new form, or as required by law or the Plan.

Participant Signature _____ **Date** _____