



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

Rehire? 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.)

I instruct the Payroll Department to defer from each paycheck the following whole percentage or dollar amount as a **Roth 401(k)** 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** _____