

**EMPLOYEE 401(k) ENROLLMENT FORM**

(Please print or type)

**PLAN NAME:** \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: _____			
First	Middle	Last	
Home Address: _____			
City: _____	State: _____	Zip: _____	
SS# _____ - _____ - _____	Sex: _____	Married: Yes [ ] No [ ]	
Date of Birth: _____	Date of Hire: _____		

In accordance with the provisions of the Plan:

\_\_\_\_\_ I elect to contribute \_\_\_\_\_% OR \$\_\_\_\_\_ of my compensation to the plan.  
 \_\_\_\_\_ I do not wish to participate and I have been fully informed of all benefits available.

Investment Election: I hereby direct the Trustee to invest my contributions as follows:

Please indicate in whole percentages totaling 100%. If no election is made, contributions may be allocated to the plan default investment. (Note: submitting an Enrollment Form will not change the existing account balance.)

_____ % _____	_____ % _____
_____ % _____	_____ % _____
_____ % _____	_____ % _____
_____ % _____	_____ % _____

**TOTAL ALLOCATED 100 %**

This election authorizes the Employer to withhold this amount from my paycheck, and shall remain in effect until I revoke this election in writing, or change my election percentage in accordance with a policy established by the Plan Administrator.

**BENEFICIARY DESIGNATION**

Primary Beneficiary: \* \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Secondary Beneficiary: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

**Spouse's Consent to Waiver:** I hereby consent to the designation made by my spouse to have pre-retirement death benefits paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand: (1) The effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein. (2) Such a beneficiary designation is not valid unless I consent to it. (3) My consent is irrevocable unless my spouse revokes the beneficiary designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

*\*If primary beneficiary is not your spouse, your spouse's signature is required*

Witness' Signature: \_\_\_\_\_

*Witness must be a Notary Public and the signature must be notarized.*