

# Participant Enrollment & Investment Change Form

PLAN NAME (Required) \_\_\_\_\_

EMPLOYEE EMPLOYEE'S NAME \_\_\_\_\_

INFORMATION HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

**Note:** Enrollment and investment Elections are subject to the Plan Document and administration procedures.

**SALARY DEFERRAL AGREEMENT** I agree that my pay will be reduced by the amount or percentage I have indicated below, and that these dollars will be contributed to the Plan. This agreement will continue to be effective while I am employed unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms.

Select one of the following by initialing the box and completing the blanks:

- I elect to defer \_\_\_\_\_% or \$\_\_\_\_\_ of my compensation per pay period.
- I wish to change my deferral to \_\_\_\_\_% or \$\_\_\_\_\_ of my compensation per pay period.
- I wish to stop deferring.

**NEW FUTURE INVESTMENT ELECTION** Effective for the next plan quarter, please invest my **FUTURE** contributions in the following manner:  
(Write in exact name of fund on each line. Only funds which are offered in your plan can be chosen.)

\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_

Filling out **ONLY** this section will redirect your contributions beginning next quarter, but **WILL NOT** affect any currently invested monies. The total must equal 100%.

**MOVING CURRENTLY INVESTED CONTRIBUTIONS** If you wish to **TRANSFER** currently invested contributions to a different fund, please indicate so here. The percentages listed below should reflect how you wish to have your current account balance allocated.  
(Write in exact name of fund on each line. Only funds which are offered in your plan can be chosen.)

\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_

Filling out **ONLY** this section will transfer previously-directed monies, but **WILL NOT** affect your ongoing contributions. The total must equal 100%.

**SIGNATURES**

\_\_\_\_\_  
*Signature of Employee/Participant* *Authorized Signature for Employer*

\_\_\_\_\_  
*Date* *Date*