

Worksheet for Web and Voice-Response System Enrollment

(Do not send or mail this form to ADP.)



Enrolling in your Plan is easy. Just follow the instructions below. Please use this worksheet as a guide to enrolling on the Web and Voice-Response System. If you choose **not** to enroll at this time, sign the form on the reverse side and return to your **Plan Administrator**.

STEP I. CONTRIBUTION RATE - How much do you want to save?

I will elect to contribute _____%. Enter whole percents. Deductions are subject to maximum deferral and contribution amounts.

- ☐ I want to elect Save Smart® to automatically increase the before-tax amount I contribute to my account each year. (NOTE: All 3 blanks must be completed for a valid election.) Increase my contribution by an additional percent (enter one of the following: 1, 2 or 3%) each year until my contribution reaches % (enter your desired maximum contribution rate, not to exceed the plan maximum of 85%) on the first business day of (enter month number: 1=January, 2=February, etc.).

STEP II. INVESTMENT ALLOCATION - How do you want your money invested?

A. Percent must be expressed as a whole number (for example: 0%, 3%, 25%, 72%). Total must equal 100%.

S1	1 Year Fixed	<input type="text"/>	%	UA	Van Kampen LIT Growth & Income	<input type="text"/>	%
S2	Cash Management	<input type="text"/>	%	U9	Van Kampen LIT Comstock	<input type="text"/>	%
S3	Government and Quality Bond	<input type="text"/>	%	U7	American Funds Growth	<input type="text"/>	%
U1	Corporate Bond	<input type="text"/>	%	S7	Alliance Growth	<input type="text"/>	%
U2	Worldwide High Income	<input type="text"/>	%	U4	Wellington Growth Portfolio	<input type="text"/>	%
U8	American Funds Asset Allocation	<input type="text"/>	%	U5	Capital Appreciation	<input type="text"/>	%
S4	SunAmerica Balanced	<input type="text"/>	%	UB	Lord Abbett Mid Cap Value	<input type="text"/>	%
SA	Equity Index	<input type="text"/>	%	S8	Aggressive Growth	<input type="text"/>	%
U3	Federated American Leaders	<input type="text"/>	%	S9	International Growth and Income	<input type="text"/>	%
S6	Davis Venture Value	<input type="text"/>	%	U6	Emerging Markets	<input type="text"/>	%

TOTAL **1 0 0 %**

- B. ☐ Automatically rebalance my entire account balance to match my most recent investment allocation:
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

continued on back →

Worksheet for Web and Voice-Response System Enrollment, *continued*

STEP III. HOW TO ENROLL

⇒ Please have your Social Security Number and Personal Identification Number (PIN) ready.



Log on to the Participant Web site (WEB) at **OR**



Call the Voice-Response System (VRS) at 1-800-mykplan (1-800-695-7526)

⇒ Enrolling with no prior account balance:

To enroll for the first time, please use a "one-time" Personal Identification Number (PIN), which consists of the last four digits of your Social Security Number. A system-generated PIN is needed to perform any subsequent transactions. The PIN will be mailed to you within two business days, once you've successfully completed these steps. Once you receive the PIN, you have the option to customize it.

⇒ Enrolling with an existing account balance:

Use your current four-digit PIN to enroll in the Plan if you have an existing account balance in your company's Plan due to a rollover/employer non-elective contribution. Choose the percentage of pay you wish to contribute by electing a contribution rate and your desired investment allocation.

Once you have accessed your account through either the WEB or VRS, you will need to enter the information mentioned in Steps I and II of this form. A confirmation number will be issued and a confirmation letter will be sent to you within two business days.

Upon completion of the enrollment process, your Beneficiary Form should be returned to your Plan Administrator. It is important to keep this information up to date in the event of life changes.

Congratulations ... you are now a Plan Participant!

You should review the fund prospectuses before deciding on your investment choices. The prospectuses provide complete information about the funds, including fees and expenses. To obtain prospectuses, visit the Participant Web site (if available) or see your Plan Administrator.

Decline Enrollment

(Do not send or mail this form to ADP.)

STEP I. PLEASE COMPLETE THE INFORMATION BELOW TO DECLINE ENROLLMENT

Social Security #:

Employee Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City

State

Zip Code

☐ I decline enrollment and have made no contribution elections.

Signature of Employee/Participant

Date

STEP II. RETURN THIS ENTIRE FORM TO YOUR PLAN ADMINISTRATOR

Your Plan Administrator will keep this copy on file.

Saving for retirement is important. By starting early, you have years of money earning money on your side. And it's never too late to get started. It's all about realizing your dreams for the future and how you can get there.

Social Security #:

Employee Name:

Last, First, Middle

Current Marital Status:

☐ Single☐ Married☐ Divorced☐ Legally separated or abandoned
(Must provide court order to Plan Administrator)

Return this form to the Plan Administrator. DO NOT SEND TO ADP.

I BENEFICIARY INSTRUCTIONS

The Beneficiary Designation Form is used to designate the recipient of your account balance upon your death. This form must be completed by all employees when completing the Enrollment Form or Rollover Form (if not previously enrolled).

Section II. A primary beneficiary must and a secondary beneficiary may be designated. If you are married, your spouse must be the sole primary beneficiary, unless your spouse approves otherwise and signs the waiver below. If the primary beneficiary(ies) predeceases you, the secondary beneficiary(ies) will receive the account balance. You must attach an additional beneficiary form(s), if you elect to designate more than two primary and/or more than two secondary beneficiaries. Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all secondary beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the secondary beneficiary. Sign and date the form upon completion.

Section III. If you are legally married and have chosen a primary beneficiary other than your spouse, Section III must be completed and notarized.

II BENEFICIARY DESIGNATION**Primary Beneficiary**

SSN#:

Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Month Day Year

%

SSN#:

Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Month Day Year

%

Secondary Beneficiary

SSN#:

Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Month Day Year

%

SSN#:

Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Month Day Year

%

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to a default beneficiary or beneficiaries in accordance with the terms of the plan. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my plan balance.

Signature of Employee/Participant

Date

III SPOUSAL CONSENT (Do not complete if your spouse is the sole beneficiary.)

I hereby consent to the above designation by my spouse of a beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the election. I have read the instructions above and understand that by consenting to the above designation, either (i) no benefit from the Plan will be payable to me upon my spouse's death or (ii) only a partial benefit from the Plan will be payable to me upon my spouse's death if a Joint Primary Beneficiary Designation was elected above.

Signature of Spouse

Date

Acknowledgment of Witness:

I hereby acknowledge that _____, to me known personally, appeared before me on the _____ day of _____ (mo), _____ (yr) and subscribed his/her name above and acknowledged to me that he/she did so as his free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: _____

Affix Seal Here

My commission expires: _____ County of: _____

Social Security #:

Employee Name:

Last, First, Middle

Address:

Street

Apt. # / PO Box #

City

State

Zip Code

Birth Date:

Month Day Year

Hire Date:

Month Day Year

I ROLLOVER INSTRUCTIONS

The Rollover Form is used to invest prior plan money in your Plan account. The rollover must be completed within 60 days of receipt of the distribution, come from another employer's plan or an IRA and represent all or a portion of a lump sum distribution, or an installment distribution of less than ten years. In the context of a direct rollover, in which the funds are never actually made payable to you, the 60-day period for completing a rollover is inapplicable.

Section II.A. Identify the total amount of the rollover. A certified or bank check must accompany this form for the stated dollar amount. Pre-printed checks are required. Handwritten checks will be returned to the Plan Administrator. **Please include your Social Security Number and Plan Number on the check made payable to Chase Manhattan Bank.**

Section II.B. Check (✓) the appropriate box to identify the source of this Rollover.

Section II.C. This rollover must not include after-tax contributions.

Section III. Read the acknowledgment, and then sign and date the form.

Note: If you have not previously enrolled in the Plan, you must complete a Beneficiary Form and give it to your Plan Administrator. **Do not send to ADP.**

II AMOUNT/SOURCE OF ROLLOVER

A. State dollar amount of monies to be rolled into plan.

\$

B. This rollover is a distribution from: (Please check box)



Individual Retirement Account



SIMPLE IRA (IRA must have been in existence for at least 2 years at time of distribution.)



\$457 Plan



\$403(b) Tax Sheltered Annuity

Qualified Plan of (check one): ☐ an Unrelated Employer ☐ a Related Employer

Note: If you do not check a box, we will understand you to have certified that the rollover is from an unrelated employer.

C. Note: This Plan does not accept rollovers of after-tax contributions.

III ACKNOWLEDGMENT, ROLLOVER INVESTMENT DIRECTION AND SIGNATURE

I have read and understand the Summary Plan Description, have completed the Beneficiary Form if I have not previously enrolled in the plan, and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus and description of each of the funds, and understand the objectives, risks, expenses and charges associated with each. I certify that:

- I received the distribution from the source indicated above within the last 60 days (60-day requirement not applicable in the case of a direct rollover).
- The rollover is from the rollover source indicated above and has not been combined with any money that would disqualify the rollover.
- No portion of this rollover contribution represents amounts received as a hardship distribution from an employer plan.

If I do not yet have an account balance under the Plan, I understand that one will be established to hold my rollover, and I direct that my rollover contribution be invested initially in the Plan's money market or stable value fund, as applicable. If I do have an account balance under the Plan, I hereby direct that my rollover contribution be invested initially in accordance with my investment election then on file. I understand that if I do not yet have an account balance under the Plan, once an account is established to hold my rollover contribution, I may reallocate my account from the money market or stable value fund (as applicable) in which it is then invested to another investment option or investment options available under the Plan by accessing my account through the Voice Response System or Participant Web site. I understand that the Personal Identification Number needed to access the Web and Voice systems will be sent upon establishment of this account if this account is a new one.

Signature of Employee/Participant

Date

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Company Code:

Date Received:

Plan Administrator Approval: