

EMPLOYER: Complete this section.
Employer authorization
Employer: Please retain this form for your records.

 Name of employer, organization or company

 Name of plan

 Plan ID #

 The employee named in Section 1 below is eligible to participate in the plan as of _____
 (mm/dd/yyyy)

 Name of signer for employer (print)

 Title

X _____
 Authorized signature Date (mm/dd/yyyy)

EMPLOYEE: Complete Sections 1–4, then return this form to your employer to complete the section directly above.
1 Employee information
Please type or print clearly.

 Please check one of the following: New plan enrollment Changes to existing account

 First name (print) MI Last SSN _____ - _____ - _____

 Residence address (physical address required — no P.O. boxes) City State ZIP

 Mailing address (if different from residence address) City State ZIP

 Date of birth (mm/dd/yyyy) _____

 Date of hire (mm/dd/yyyy) _____

 Country of citizenship

Marital status: Married Single

2 Employee contributions
Before completing this section, please check with your plan to determine the contribution options you have available.
 I authorize my employer to withhold from my wages each pay period:

 Pre-tax contributions of _____% **OR** \$_____

 After-tax Roth contributions of _____% **OR** \$_____

 After-tax contributions (as allowed by plan) of _____% **OR** \$_____

 I do **not** wish to make contributions to the plan at this time.

3 Investment selection

Before completing this section, please check with your plan to determine the investment options you have available.

Please invest my contributions as follows: (Only **whole** percentages will be accepted; must total 100%.)

Fund name	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %
7. _____	_____ %
8. _____	_____ %
9. _____	_____ %
10. _____	_____ %
11. _____	_____ %
12. _____	_____ %
13. _____	_____ %
14. _____	_____ %
15. _____	_____ %
16. _____	_____ %
17. _____	_____ %
18. _____	_____ %
19. _____	_____ %
20. _____	_____ %
Total	===== %

Any contributions to participant accounts (payroll deferrals or rollovers) made before your employer updates your investment selections for your account will be invested in the plan's default fund. Assets will remain in the default fund until you use the participant website to exchange assets into the funds of your choice.

4 Employee signature

By signing below, I acknowledge that I have authorized my employer to withhold from my wages the amount specified in Section 2. I acknowledge that I have completed a beneficiary designation form.

X _____ Date (mm/dd/yyyy) _____

Employee's signature