

Plan Enrollment Guide



PLAN ENROLLMENT GUIDE

1. ENROLLMENT ELECTION

- Regular Contributions (pre-tax): I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of \$ _____ or _____% of my salary per pay period.
- I do not wish to participate at this time. (Completion of Section 3 below is still required.)

2. SELECT YOUR INVESTMENTS

To invest in a predefined Model Portfolio select from the list below. If you are electing to change from your previous allocation, this will change your existing holdings as well as future holdings. You may elect one model allocation and the default percentage is automatically 100%:

Fund 100 Fund 80 Fund 60 Fund 40 Income Fund

NOTE: If allocation models are used, the following is applicable: if Plan Participant has elected management of their account via an Allocation Model, Plan Participant shall be allowed to impose reasonable restrictions upon the management of their account by an addendum in writing to the Sub-Advisor. Plan Participant shall provide Advisor information to determine Plan Participant's financial situation and investment objective. If Plan Participant does not provide a completed Asset Allocation Questionnaire, Wealth Management LLC (RIA), Retirement Plan Consultants LLC and Relationship Manager are relieved from any responsibility with respect to management of the model. If Plan Participant has elected management of their account via an Allocation Model, Plan Participant shall be allowed to impose reasonable restrictions upon the management of their account by an addendum in writing to the Sub-Advisor.

To create your own allocation, see your plan administrator for an approved list of funds and enter an amount from 1% to 100% in the row associated with that fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the plan:

Ticker	Fund Name	Percentage	Ticker	Fund Name	Percentage
		%			%
		%			%
		%			%
		%			%

PLEASE NOTE: Your total must equal 100% _____ %

Your account will be automatically rebalanced to maintain the asset allocation percentages you elect. The frequency of this feature (quarterly/semi-annually/annually) is determined by your Employer or the Plan's Financial Consultant. **If you do not want your account automatically rebalanced check this box:**

[If plan participant has elected an asset allocation model, the model will be rebalanced regardless of whether the rebalancing opt out has been elected or not.]

3. PARTICIPANT INFORMATION & AUTHORIZATION

Plan Name: _____

Company Name: _____ Hire Date: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

Street Address (if different from above): _____

City, State, Zip: _____

Cell Number: _____ Home Number: _____

Social Security #: -- Marital Status: Single Married

Email: _____ Birth Date: _____

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my election and/or changes as soon as possible. I understand that my fees will be collected by redeeming shares from my account balance on a quarterly basis in advance.

Participant Signature: _____

Date: _____

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4. NAME YOUR BENEFICIARIES

I designate the following person(s) below to receive payment of the value of my account upon my death. If no primary beneficiary(ies) survives me, I designate that the balance of my account be distributed to my contingent beneficiary(ies) below.

Name: _____ Per Stirpes _____ % Share
Social Security #: _____ Relationship: _____ Primary Contingent
Address: _____ Date of Birth: _____
City, State, Zip: _____ Phone Number: _____

Name: _____ Per Stirpes _____ % Share
Social Security #: _____ Relationship: _____ Primary Contingent
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Name: _____ Per Stirpes _____ % Share
Social Security #: _____ Relationship: _____ Primary Contingent
Address: _____ Date of Birth: _____
City, State, Zip: _____ Phone Number: _____

PLEASE NOTE: If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%

Special instructions: _____

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.

Participant's Signature: _____ Date: _____

NOTE: Spousal Consent is required if the participant is a resident of a community property state and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse's Signature: _____ Date: _____

Witness of Notary: Subscribed and Sworn to me this ____ day of _____, 20__.

Notary Signature: _____ Commission Expiration Date: _____

Next Steps

Completing the Enrollment Process

Please send your completed Enrollment Forms to your payroll department.



Please direct any questions related to the plan and/or investment or financial planning questions to the advisor on the front cover.

Employees Have a Choice

