

# *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 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 list of approved funds on [www.retirementplanconsultants.com](http://www.retirementplanconsultants.com) and enter an amount from 1% 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  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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  
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

