

ENROLLMENT

INSTRUCTIONS: Complete both this Enrollment Form and a Beneficiary Designation Form when you satisfy the eligibility requirements of your Retirement Plan (Plan). It is recommended that you complete the Beneficiary Designation even if you elect not to participate at this time. If you do not have a Beneficiary Designation and your employer makes a discretionary contribution on your behalf, in the event of your death the Plan Document will determine your beneficiary(ies). Return the completed forms to your in-house Benefits Administrator. Pension Dynamics will set up your account within two (2) business days after receiving the completed forms from your employer. Once your account is setup, you may access a copy of the Summary Plan Description (SPD) by logging into your account at www.pensiondynamics.com. Refer to your Employee Information Booklet for account access.

Plan Name: _____

Example "ABC Company 401(k) Retirement Plan" If you are unsure about your Plan Name, please contact your human resources or benefits department.

SECTION 1. EMPLOYEE INFORMATION

Name

Social Security Number

Address

City

State

Zip Code

Marital Status

Date of Birth

Personal E-mail Address

Daytime Phone Number

Evening Phone Number

SECTION 2. ENROLLMENT TYPE

New **OR** Re-Hire

For Rehires Only:

Date of Hire or Rehire

First Date of Term

Original Date of Hire

SECTION 3. CONTRIBUTION TYPE (For the IRS Pension Plan Limitations for the year, go to www.pensiondynamics.com/resources.)

Maximum Deferral: You can defer the lesser of 100%, subject to required income withholding, of your gross compensation per plan year or the maximum dollar amount allowed by the IRS per calendar year. The dollar limit is indexed annually by cost of living adjustments. This limit applies to all elective deferrals by an employee under all cash or deferred arrangements in which the employee participates, including two or more arrangements of two or more unrelated employers.

I elect to defer a portion of my compensation into the Plan

Effective _____ (Entry Date: Please refer to your SPD and check with your in-house Benefits Administrator for submission deadline.)

I hereby authorize payroll deductions PER PAY PERIOD/PER PAY CHECK (*whichever applies*) in the following: (Please check your SPD to determine if your plan allows Roth. If you elect Roth and your plan does not allow Roth, your contributions will be deducted pre-tax.)

Pre-tax _____ % of **SALARY** or \$ _____ After-Tax Roth (*if allowed*) _____ % of **SALARY** or \$ _____

I elect **NOT** to defer a portion of my compensation into the Plan

I understand that I may enroll during subsequent enrollment periods (please refer to your SPD). It is recommended that you complete the Beneficiary Designation even if you elect not to participate at this time. This is required in the event that your employer makes discretionary contributions to the Plan.

SECTION 4. CONTRIBUTIONS MADE TO OTHER RETIREMENT PLAN(S)

Did you make any contributions to any other retirement plan(s) during this calendar year? No Yes If yes, complete below.

Amount: \$ _____ Type/Name of Retirement Plan _____

SECTION 5. INVESTMENT DIRECTION (Refer to your Employee Information Booklet for investment information and account access instructions to select your investments online.)

SECTION 6. EMPLOYEE AUTHORIZATION

I understand that I can change this election and that I can stop my contribution by notifying the in-house Benefits Administrator as indicated in the plan SPD. I further understand that my contribution may be returned along with allocable gains/losses to meet IRS regulations. I understand the Plan allows me to choose the investment(s) for my account and that my account will be charged proportionately with the gains or losses from those investments.

Signature

Date