



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** \$_____

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