

**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 1–3, 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 investment selection    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 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. _____	_____ %
<b>Total</b>	<b>===== %</b>

**Any contributions to participant accounts (including 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.**

## 3 Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 2. I acknowledge that I have completed a beneficiary designation form.

**X** \_\_\_\_\_ / /  
Employee's signature Date (mm/dd/yyyy)