401(k) Enrollment Form

Name: _____ **Social Security #:** _____

Address: _____ **Birth Date:** _____ **Marital Status:** _____

_____ **Hire Date:** _____ **Spouse's Name:** _____

1. ENROLLMENT DECISION

____ I elect to contribute the indicated percentage of my pay and hereby authorize the company to deduct that amount from my pay for deposit into the plan. **Percentage to be contributed: _____%**

____ At this time, I do not wish to contribute to the 401(k) Savings Plan.

I have been advised that it may be necessary for the plan to limit my contribution percentage to a **lower** amount than I've chosen above in order to comply with IRS rules. I understand that I will be informed if that is the case.

I understand that monies accumulated in the program as a result of my contribution election will be available to me upon my death, disability, termination of employment or attainment of age 59-1/2. I have been advised that, generally, taxes would be due at the time of distribution (unless the money is rolled into an IRA or another qualified retirement plan). I also understand that these monies accumulated in the program may also be available in the event of serious financial hardship. An additional tax of 10% will apply to monies withdrawn for hardship unless the withdrawal is for certain major medical expenses (as defined by the IRS).

2. BENEFICIARY DESIGNATION

I name the following **primary** beneficiary(ies) to receive my Account balances upon my death. If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries. I name the following **secondary** beneficiary(ies) to receive my Plan balances upon mine and my primary beneficiary's death.

	Name of Beneficiary	Address	Relationship
Primary:			

	Name of Beneficiary	Address	Relationship
Secondary:			

If you are married and have designated someone OTHER THAN (or in addition to) your spouse as your primary beneficiary, you MUST have your spouse sign below and have it notarized; otherwise, the Beneficiary Election is not valid.

I agree to the above-named beneficiary(ies) and realize my spouse's Account balances will be paid in part or in full to the above-named beneficiary(ies).

_____ _____
Spouse's signature Date

Acknowledged before me this _____ day of _____ , 20 _____

_____ (Notary Seal)
Notary Public

3. SIGNATURE

_____ _____
Date **Employee Signature**

_____ _____
Date **Trustee Signature**

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