



# 401 (K) PLAN ENROLLMENT FORM

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street or P.O. City State Zip Code

Date of Birth: \_\_\_\_\_ Single  Married  Date of Hire: \_\_\_\_\_

## 2. CONTRIBUTION ELECTION

Please indicate what percentage (whole percents) between 0% and 16% that you elect to defer from your weekly compensation: \_\_\_\_\_ If you do not wish to participate, sign here: \_\_\_\_\_

## 3. INVESTMENT ELECTION: FOR CHANGES CALL 1.800.228.4015

Enter percentages in whole numbers only. The total must equal 100%.

Investment Fund	Your Contribution	Company Contribution
Merrill Lynch Preservation Trust Fund	%	%
BlackRock Bond Fund	%	%
BlackRock Balanced Capital Fund	%	%
Merrill Lynch Equity Index Trust Fund	%	%
MFS Growth Fund	%	%
Davis New York Venture Fund	%	%
Templeton Foreign Fund	%	%
Delaware Trend Fund	%	%
BlackRock Aurora Institutional Fund	%	%
American Funds EuroPacific Growth Fund	%	%
	<b>Must Total 100%</b>	<b>Must Total 100%</b>

## 4. BENEFICIARY DESIGNATION

I name the following person(s) as my beneficiary(ies) to receive the value of my account upon my death.

Name	Relationship	To Receive This Percent of My Account
		%
		%
		<b>Must Total 100%</b>

If you are married **AND**  
 1) you name a beneficiary other than your spouse, **OR**  
 2) you wish to consider alternative forms of death benefit payment to your spouse,  
 you must complete the *Election to Waive Pre-Retirement Survivor Annuity Form* obtaining your spouse's written consent. The form must be witnessed by a Notary Public.

## 5. YOUR AUTHORIZATION

I hereby elect to enroll in the 401(K) Plan as indicated in #2 above. I authorize the necessary payroll deductions. I understand these elections will remain in effect until I change them using the appropriate form in accordance with Plan procedures. I understand that it is my responsibility to review my earnings and/or investment statement to confirm that my investment changes have been implemented.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**For Employee Benefits Use Only**

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Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Effective Date \_\_\_\_\_