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Plan Name

# Enrollment Package

## General Instructions Enrollment Forms

Dear Participant:

Please read and follow the enrollment procedures below:

Name of Forms:	Who Keeps Original:	Who Receives Copy:
Contribution Election Authorization	Employer	Employer / Payroll Dept.
Notice of Pre-Retirement Survivor Benefit Form	Employer	Employee
Designation of Beneficiary Form	Employer	Employee
Consent of Spouse Form	Employer	Employee, if applicable
Multiple Beneficiary Election Form	Employer	Employee, if applicable
Future Investment Election Form	Employer	Employee / ThePensionSpecialists, Ltd.

*Please complete the enclosed forms to the best of your ability and return completed forms to your Plan Administrator for processing.*

**The trustee(s) is responsible for maintaining all participant enrollment forms.**

**If you have questions, please contact your trustee(s) or plan administrator.**

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## CONTRIBUTION ELECTION/AUTHORIZATION

\_\_\_\_\_  
Plan Name

I hereby acknowledge and understand that as a Participant in the Plan, I may reduce my salary up to the maximum amount permitted under the Plan. I further understand that any amounts I may defer thereunder shall be deducted from my paycheck by my Employer and deposited into my account under the Plan by the Plan's Trustee(s).

### **PART I: SALARY REDUCTION ELECTION**

Initial Election       Alter Election

I hereby elect to reduce my pay by \_\_\_\_\_% or \$\_\_\_\_\_ each pay period. This election authorizes my Employer to withhold this amount from my paycheck.

*Enter 0 (zero) for no election*

This election shall remain in effect until I revoke this election in writing, or change my election percentage or amount in accordance with the rules of the Plan.

### **PART II: PARTICIPANT ELECTION/AUTHORIZATION BONUS ONLY**

On Going Bonus Election       One Time Bonus Election  
Date beginning \_\_\_\_\_      Expected date \_\_\_\_\_

I hereby elect to contribute and hereby authorize the Employer to deduct for deposit into the Plan \_\_\_\_\_% or \$\_\_\_\_\_ of my bonus. (100% means that your entire bonus will be deposited)

*Enter 0 (zero) for no election*

Any questions regarding this election should be directed to the Plan Administrator.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Name**      *(please print)*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employee Signature**

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## NOTICE OF PRE-RETIREMENT SURVIVOR BENEFIT

\_\_\_\_\_  
Plan Name

**Participant Name:** \_\_\_\_\_

As a Participant in the Plan, the law requires that you be informed as to the disposition of your vested amount should you die before retirement.

Should you die before retirement, the Plan will pay your full vested amount or accrued benefit to your surviving spouse, provided you had been married for at least one year at the time of your death.

However, beginning with the first day of the Plan Year in which you reach age 35 (or upon termination if you are under age 35), you may elect either (a) to name someone other than your spouse to be your beneficiary or (b) waive the requirement that your death benefit be paid in the form of a survivor annuity, if applicable.

Your spouse must consent in writing before an authorized company representative or notary public to any waiver that you elect. The waiver shall be binding on you unless you revoke in writing any waiver you have made any time before your death. You may if you desire, waive a previous election and make a new election. Any new election to name a beneficiary other than your spouse must also be consented to in writing by your spouse.

If you elect for your spouse not to be your beneficiary (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions you have regarding pre-retirement survivor benefits or beneficiary elections to the Plan Administrator. Also, you should immediately inform the Plan Administrator of any change in your marital status.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

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## DESIGNATION OF BENEFICIARY

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Plan Name

Regarding the amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and, if necessary, designate the following beneficiary(ies):

- I am a married\* participant selecting my spouse as my primary beneficiary. I understand that any death benefit will automatically be paid to my surviving spouse **UNLESS** I designate another beneficiary of my choosing. Provided no election is made to change my beneficiary (MY SPOUSE THEREBY REMAINS THE BENEFICIARY OF THE DEATH BENEFIT), I hereby designate the following contingent beneficiary if my spouse does not survive me.
- I am a married\* participant selecting someone other than my spouse as my primary beneficiary. I understand that by designating a primary beneficiary other than my spouse, my spouse must consent in writing to such designation, and the consent must be witnessed by an authorized company representative or a notary public. I further understand that my designation **WILL NOT BE GIVEN EFFECT until my spouse consents in writing and such consent is properly completed and filed with the Plan Administrator.**
- I am an unmarried participant. I understand that I may designate the beneficiary of my choice. I designate as beneficiary the person(s) named below. However, I further understand that if I hereafter marry, this will revoke the designation. I agree to inform the Plan Administrator of any change in my marital status.

**Please Print:**

**Primary Beneficiary:**

(If married, your spouse, unless your spouse consents in writing\*\*)

**Contingent Beneficiary:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**NOTE: If you wish to have your benefit divided amongst multiple persons, please complete and attach to this form a "Multiple Beneficiary Election" form.**

I understand that if no named beneficiary survives me, then the Trustee(s) will pay all amounts in accordance with the Plan's death beneficiary provisions. I hereby reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of Primary Beneficiaries and Contingent Beneficiaries.

\_\_\_\_\_  
*Date of this Designation*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date received by Plan Administrator*

\_\_\_\_\_  
*Signature of Plan Administrator*

**\* If you are in the process of divorce, you are still considered married.**

**\*\* Spouse must complete the attached "Consent of Spouse" form.**

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## CONSENT OF SPOUSE

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Plan Name

**Participant Name:** \_\_\_\_\_

I, the undersigned spouse of the Participant named above, hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the election made in the attached "Designation of Beneficiary". Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I hereby acknowledge that I understand the following:

- (1) that the effect of such designation is to cause the death benefit to be paid to a beneficiary other than myself;
- (2) that the beneficiary designation is not valid unless I consent to it; and
- (3) if elected herein, that my consent is irrevocable unless my spouse revokes the beneficiary designation.

If my spouse changes the designation (Choose (a) or (b)):

- a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.
- b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary(s) named on my spouse's "Designation of Beneficiary" form by checking box (a) on this form.

\_\_\_\_\_  
*Signature of spouse of Participant*

\_\_\_\_\_  
*Date*

Spousal consent **MUST** be witnessed by a Notary Public **OR** an Authorized Company Representative.

### WITNESS OF SPOUSAL CONSENT

Witnessed by a Notary Public -OR

Witnessed by an Authorized Company Representative.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SIGNED \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

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## MULTIPLE BENEFICIARY ELECTION

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Plan Name

Participant Name: \_\_\_\_\_

**Please Print:**

**‘MULTIPLE PRIMARY’**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percent:       .00 %

Percent:       .00 %

**‘MULTIPLE CONTINGENT’**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percent:       .00 %

Percent:       .00 %

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percent:       .00 %

Percent:       .00 %

*Percentages must total 100%.*