

# Enrollment Form

## 1. Enrollment Election

- I elect NOT to contribute in the Plan at this time
- I elect to contribute to my 401(k) Plan and authorize a deduction from my paycheck in the amount of \_\_\_\_\_ % or \$\_\_\_\_\_ per pay period
- I elect to contribute to my Roth 401(k) Plan and authorize a deduction from my paycheck in the amount of \_\_\_\_\_ % or \$\_\_\_\_\_ per pay period.

## 2. Investment Options

Please choose an investment option from the options below. You may choose either one pre-defined portfolio or create your own custom portfolio

### Pre-Defined Portfolios (choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Fund 100 - Value Tilt | <input type="checkbox"/> Fund 40 - Value Tilt     |
| <input type="checkbox"/> Fund 80 - Value Tilt  | <input type="checkbox"/> Income Fund - Value Tilt |
| <input type="checkbox"/> Fund 60 - Value Tilt  |   |

### Custom Portfolio

To create your Custom Portfolio, enter the desired allocation percentage for each fund in the space provided at right. All percentage must be whole numbers (i.e. 10%), fractional percentage (10.5%) are not allowed and must total 100%

DFA US Large Cap Value I	DFLVX _____ %	Vanguard Short-Term Investment-Grade Adm VFSUX	_____ %
DFA US Large Company I	DFUSX _____ %	Vanguard Interm-Term Treasury Adm VFIUX	_____ %
Vanguard Total Stock Mkt Idx Signal	VTSSX _____ %	Money Market Account	_____ %
Vanguard Mid Cap Index Signal	VMISX _____ %	Vanguard Target Retirement 2015 Inv VTXVX	_____ %
DFA US Targeted Value I	DFVFX _____ %	Vanguard Target Retirement 2020 Inv VTWNX	_____ %
DFA US Small Cap I	DFSTX _____ %	Vanguard Target Retirement 2025 Inv VTTVX	_____ %
DFA International Value I	DFIVX _____ %	Vanguard Target Retirement 2030 Inv VTHR X	_____ %
DFA International Small Cap Value I	DISVX _____ %	Vanguard Target Retirement 2035 Inv VTTHX	_____ %
DFA International Small Company I	DFISX _____ %	Vanguard Target Retirement 2040 Inv VFORX	_____ %
DFA Emerging Markets I	DFEMX _____ %	Vanguard Target Retirement 2045 Inv VTIVX	_____ %
DFA Emerging Markets Value I	DFEVX _____ %	Vanguard Target Retirement 2050 Inv VFIFX	_____ %
DFA Inflation-Protected Securities I	DIPSX _____ %	Vanguard Target Retirement 2055 Inv VFFVX	_____ %
Vanguard Interm-Term Bond Index Signal	VIBSX _____ %		
DFA Global Real Estate Securities I	DFGEX _____ %		
Vanguard Total Bond Market Index Signal	VBTSX _____ %		
DFA Emerging Markets Core Equity I	DFCEX _____ %		
Vanguard International Growth Adm	VWILX _____ %		

## 3. Participant Information & Authorization

<hr/>	
<b>Plan Name</b>	
<hr/>	
<b>Company Name</b>	<b>Hire Date</b>
<hr/>	
<b>Name (First, MI, Last)</b>	<b>Social Security No.</b>
<hr/>	
<b>Address (Number, Street and Apt. No)</b>	<b>Birth Date</b>
<hr/>	
<b>City, State and Zip</b>	<b>Home Phone</b>
<hr/>	
<b>Marital Status :</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<b>Work Phone</b>
<hr/>	
<b>Sex :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Email</b>
<hr/>	

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Beneficiary Designation Form

## Name Your Beneficiaries

I designate the following person(s) below to receive payment of the value of my account upon my death. If no primary beneficiary(ies) survives me, I designate that the balance of my account be distributed to my contingent beneficiary(ies) below.

Name: \_\_\_\_\_  Per Stirpes\* \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes\* \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes\* \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes\* \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE NOTE:** If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.

\*A "per stirpes distribution of my estate in equal shares to my children Bob and Sue" means that if Bob dies before me, his children can share what would have been his share had he survived me.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Spousal Content is required if the participant is married and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness of Notary: Subscribed and Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_ Commission Exp. Date: \_\_\_\_\_

## Rebalancing Notice

Your account will be automatically rebalanced to maintain the asset allocation percentages you elect. The frequency of this feature (quarterly/semi-annually/annually) is determined by your Plan Sponsor and stated in your Plan Document.

Please check this box, if you DO NOT want your account automatically rebalanced.

## Electronic Statements Notice

You will be receiving your statements by mail unless you opt to receive them electronically below.

Please check this box, if you would like to receive your statements electronically ONLY.