



401 PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Please review the information you have received from ICMA-RC carefully prior to enrolling in the plan. The information is intended to assist you with understanding how the plan works, and how it can help you save for a secure retirement.

Please carefully complete all sections of the form and submit the completed form to your employer.

1. PERSONAL INFORMATION – Provide all of the requested information. The employer plan number can be obtained by contacting your employer or ICMA-RC at 800-669-7400.

2. CONTRIBUTION AMOUNT – Use this section to specify the percentage and/or dollar amounts you will contribute to the plan. Prior to making an election, please check with your employer or ICMA-RC to confirm the contribution options available to your plan.

PLEASE NOTE: Mandatory deferral elections are irrevocable once made, and may not be discontinued or changed until you terminate employment or cease to be eligible to participate in the plan.

401(k) Plans Only – If offered by your plan, you can designate a portion (or all) of your contributions as Roth, which are made on an after-tax basis. You can change these amounts at any time. These contributions, and associated earnings, can later be withdrawn tax-free if the requirements for a qualified distribution are met. To learn more, visit www.icmarc.org/rothanalyzer.

3. BENEFICIARY DESIGNATION – In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. Please provide all of the requested information for each designated beneficiary, including the date of birth and Social Security number, as this information will help ICMA-RC locate your beneficiaries.

Single Participants - If no beneficiary information is provided, your account balance will be paid as outlined in your employer's plan document (normally, to your estate).

Married Participants - Most 401 plans require your spouse to be the primary beneficiary for 100% of the account unless your spouse waives this right.

To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Missing percentage(s) for all of your primary and/or contingent beneficiaries will result in equal allocation among beneficiaries. Beneficiary designations are invalid if percentages are given for every beneficiary, but they do not equal 100% or are expressed with fractions (e.g., 33 1/3 %).

If you are naming a trust as your primary or contingent beneficiary, a complete copy of your entire trust document must be submitted with this form. ICMA-RC will not be able to honor your beneficiary designation if the entire copy of your trust document is not included.

4. SPOUSAL CONSENT (for married participants) – Most 401 plans require your spouse to be the primary beneficiary for 100% of the account unless your spouse consents to waive this right in the presence of your employer's plan representative or a notary public.

Some 401 plans may allow you to designate any person(s) as primary beneficiary(ies) without spousal consent. If this is the case, community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) law still applies provided you reside in such a state, and you must generally name your spouse as your primary beneficiary for at least 50% of the account unless your spouse waives this right by completing this section. Please note the spousal consent must be witnessed by a notary public. Failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies). If you are unsure which provision applies to you, check with your employer or ICMA-RC.

5. ALLOCATION OF CONTRIBUTIONS – Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50%, not 33 1/3 %). Do not use fixed dollar amounts. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you. Review the *Notice Regarding Default Investments* included in the *401 Enrollment Kit* for more information.

PLEASE NOTE: The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in the default investment selected by your employer.

6. SIGNATURES – Please be sure to sign and date this section of the form. Return the completed form to your employer.

Please do not delay in submitting the completed enrollment form to your employer. If ICMA-RC receives a contribution to your account prior to your account being established, the contribution will be returned to your employer.

WELCOME TO ICMA-RC!

ICMA-RC will send you confirmation of your enrollment. Please review the confirmation notice and quarterly statements for your account to ensure your account information is accurate, and promptly notify ICMA-RC of any updates that are needed.



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Employer Plan Number

Social Security Number

Name (Please Print)

10 _____

3. BENEFICIARY DESIGNATION (CONTINUED)

Contingent Beneficiary(ies), if any:

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU*	SOCIAL SECURITY NUMBER (for tax-reporting purposes)	% OF BENEFIT (whole %)
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____

Total = 100%

*The beneficiary relationship options are spouse, non-spouse, trust, estate, and charity.

4. SPOUSAL CONSENT

If you are married, most 401 plans require your spouse to be the primary beneficiary for 100 percent of the account unless your spouse consents to waive this right. Your spouse's written consent must be witnessed by your employer's plan representative or a notary public. Please read the instructions if you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) and your 401 plan does not require spousal consent to name a non-spouse beneficiary.

Spousal Consent (to be completed by the participant's spouse):

By signing below, I agree to waive my designation as sole primary beneficiary of my spouse's account. I understand the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me and each beneficiary designation is not valid unless I consent to it.

Signature of Participant's Spouse

____/____/____
Month Day Year

Print Name of Participant's Spouse

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:
Employer's Plan Representative

Signature of Spouse witnessed this _____ day
of _____ (month), 20_____

Employer Representative's Signature

Print Name of Employer Representative

OR

Notary Public

Subscribed and sworn before me this _____ day of _____ (month), 20_____

Notary Public's Signature

Notary Public SEAL

My commission

expires _____

5. ALLOCATION OF CONTRIBUTIONS

Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. A list of funds and codes can be found on the Investment Options Sheet. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. For information on how assets will be invested in the absence of accurate and complete instructions, read Section 5 of the form instructions.

Note: Use whole percentages only.

EMPLOYER CONTRIBUTIONS				EMPLOYEE CONTRIBUTIONS			
Code	Percent	Code	Percent	Code	Percent	Code	Percent
TOTAL = 100%				TOTAL = 100%			

6. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC, please do not mail the original.

Participant Signature

____/____/____
Month Day Year

Authorized Employer Official's Signature

____/____/____
Month Day Year