

Enrollment / Change Form 401(k) / Retirement Plan

PLEASE TYPE OR PRINT CLEARLY

Company Name: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Social Security #: _____ **Date of Birth:** ___/___/___ **Date of Hire:** ___/___/___

A. ELECTION TYPE

Enrollment:

I wish to enroll in the plan at this time.
 I do not wish to contribute to the plan.

Change/Transfer:

I wish to make the following changes as indicated below.
 I wish to stop contributing to the plan at this time.

B. CONTRIBUTION SELECTION

Indicate the percentage of pay (whole percentage between 1% and 15%) or whole dollar amounts that shall be deducted from your pay check every pay period. Maximum annual deferral for 2005 is \$14,000. Catch up contributions for participants over 50 years old is \$18,000.

I authorize the company to deduct the following percent or whole dollar amount on a before-tax basis (*make one selection only*)

Enter the percentage: _____ % or \$ _____ per pay period

C. INVESTMENT SELECTION

ENROLLMENT/CHANGE: To change the investment mix on future contributions, indicate the desired percentage of each fund under the column marked FUTURE CONTRIBUTIONS. If you do not properly complete this section, your contributions will be invested in the Money Market fund. **TRANSFER:** To transfer current account balances, indicate the desired percentage of each fund under the column marked, TRANSFER OF CURRENT ACCOUNT BALANCES.

Note: a TRANSFER election will result in the reallocation of the entire account balance. All percentages must total 100%. I hereby authorize the Trustee to invest contributions as follows:

Investment Funds	Future Contributions	Transfer of Current Account Balances
Totals	100%	

I understand that the above elections will remain in effect until I request a change in accordance with the provisions of the plan.

D. AUTHORIZATION and SIGNATURE

I hereby authorize the company to make the necessary payroll deductions from my compensation as indicated above. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the Plan.

Signature: _____ **Date:** ___/___/___