

Enrollment Form

PDC Daily - Rev. May - 10

INSTRUCTIONS: Complete the Enrollment **AND** the Beneficiary Designation Form when you satisfy the eligibility requirements of the Retirement Plan ("Plan"). These forms **MUST** be completed even if you elect not to defer at this time. Return the completed forms to your employer. Pension Dynamics Corporation will set-up your account within two (2) business days of receiving your completed form from your employer.

SECTION A EMPLOYEE DATA (PLEASE PRINT OR TYPE)

Name of Company / Plan (must complete)

Name	SSN	Home Phone
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Street Address

City	State	Zip Code	Marital Status
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Date of Birth	Date of Hire	First Date of Term (if applicable)	Date of Rehire (if applicable)
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E-Mail Address	Eligibility Please refer to your Plan Detail Sheet.
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Maximum Deferral You can defer the lesser of 100% of your gross compensation per plan year or the maximum dollar amount allowed by the IRS per calendar year. The dollar limit is indexed annually by cost of living adjustments. This limit applies to all elective deferrals by an employee under all cash or deferred arrangements in which the employee participates, including two or more arrangements of two or more unrelated employers.

Did you contribute to any other retirement plan(s) during the current calendar year? No Yes, specify amount \$ _____

Please specify type of retirement plan

SECTION B ELECTION (CHECK ONE)

I ELECT TO DEFER A PORTION OF MY COMPENSATION INTO THE PLAN.
Effective _____ (Entry Date Please refer to your Plan Detail Sheet)

I hereby authorize payroll deductions **PER PAY PERIOD** in the following amount % _____ of salary or \$ _____

I ELECT NOT TO DEFER A PORTION OF MY COMPENSATION INTO THE PLAN. I understand that I may enroll during subsequent enrollment periods (please refer to Plan Detail Sheet). You must complete the beneficiary designation form, even if you have declined to defer. This is required in the event that your employer makes discretionary contributions to the plan.

SECTION C CATCH UP CONTRIBUTION (ONLY APPLICABLE IF AGE 50 OR OLDER AND IF YOUR REGULAR CONTRIBUTIONS HAVE ALREADY REACHED THE MAXIMUM CONTRIBUTION ALLOWED IN SECTION B)

I ELECT TO DEFER ADDITIONAL payroll deductions **PER PAY PERIOD** in the following dollar amount % _____ of salary or \$ _____
(Up to the maximum dollar amount allowed by the IRS per calendar year)

SECTION D INVESTMENT DIRECTION

To select your investment directions please call Pension Dynamics Daily Link at 1-800-888-1998 or access our website, www.pensiondynamics.com. Pension Dynamics Corporation will set-up your account within two (2) business days of receiving your completed form from your employer.

NOTE If you do not select your investment directions, your contributions and/or account balance will be invested in your plan's default investment direction.

SECTION E EMPLOYEE AUTHORIZATION

I understand that I can change this election (please refer to Plan Detail Sheet) and that I can stop my contribution at any time by notifying the personnel office. I further understand that my contribution may be returned along with allocable gains/losses to meet the IRS regulations applicable to plans. I understand that the amount I contribute to this plan may be withdrawn only under the following circumstances retirement, death, disability, termination of employment, attainment of age 59½ or financial hardship as outlined by the current tax regulations and plan document. This withdrawal would be subject to income tax and may be subject to a 20% mandatory Federal tax withholding and a 10% additional excise tax plus a 2½% California state tax (if applicable). I understand the Plan allows me to choose the investment(s) for my account and that my account will be charged proportionately with the gains or losses from those investments.

SIGNATURE AND DATE REQUIRED

Participant Signature X	Date
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Beneficiary Designation

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Name of Company / Plan (must complete): _____

Participant Name: _____ SSN: _____

SECTION I - BENEFICIARY DESIGNATION

Participant **MUST** Complete A and B Below to Designate Specific Beneficiary(ies).

A. Beneficiary Designation (Please print.)

Primary Beneficiary(ies) - I hereby designate as my primary beneficiary(ies):

Name	Address	Relationship	% Share

Total: 100%

Secondary Beneficiary(ies) - In the event my primary beneficiary(ies) should predecease me, I designate as my secondary beneficiary(ies):

Name	Address	Relationship	% Share

Total: 100%

*Notes to participant: Trust beneficiary: If you name a trust as a beneficiary, you must also provide the pages that reflect the legal name of the trust, the beneficiaries (names, addresses and SSNs) and the execution date of the trust. If the designated trust is a valid trust after the participant's death, and is not otherwise considered revoked or superseded or terminated, the trust will not be considered to have predeceased the participant.

SIGNATURE AND DATE REQUIRED

Participant Signature X	Date
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B. Filing Status (Check one.)

Note: If you are in the process of divorce, you are still considered married.

- I am single. (Stop here; do not complete the rest of this form.)
- I am married and have designated my spouse as the primary beneficiary of **100%** of my account balance. (Stop here; do not complete the rest of this form.)
- I am married and have designated my spouse as the primary beneficiary of **less than 100%** of my account balance. (If you checked this option, read Section II and complete Section III.)

SECTION II: NOTICE OF QUALIFIED PRERETIREMENT SURVIVOR ANNUITY

Please read the information on the back side of this page for full information about spousal rights and the spousal death benefit, your right to waive them if you wish, and your spouse's rights regarding any such waiver.

SECTION III - WAIVER OF QUALIFIED PRERETIREMENT SURVIVOR ANNUITY/WAIVER OF SPOUSAL DEATH BENEFIT

Participant **MUST** Complete A and B Below if Box 3 in Section I-B was Checked.

A. Waiver

I have read the information regarding the Spousal Death Benefit in Section II-Notice of Qualified PreRetirement Survivor Annuity explaining the spousal death benefit available to my spouse under the plan. Understanding the terms of this benefit, I voluntarily elect to waive the spousal death benefit. I understand that I may revoke this waiver at any time without my spouse's consent.

SIGNATURE AND DATE REQUIRED	
Participant Signature X	Date

B. Spousal Information (Check one.)

- My spouse consents to my beneficiary designation(s) and waiver. (If you checked this option, your spouse must read Section II and complete Section IV.)
- My spouse cannot be located. I agree to inform the Plan Administrator if the location of my spouse becomes known. (Stop here; do not complete the rest of this form.)
- My spouse and I are legally separated and I have a court order to that effect. **Note:** A qualified domestic relations order may require your spouse's consent. (Stop here, do not complete the rest of this form.)
- My spouse has abandoned me and I have a court order to that effect. (Stop here; do not complete the rest of this form.)

SECTION IV - SPOUSAL CONSENT

Spouse **MUST** Sign Waiver and Have Signature Witnessed Below.

A. Waiver

I am the spouse of the Participant and I have read the information regarding the Spousal Death Benefit in Section II-Notice of Qualified PreRetirement Survivor Annuity as required by law. I understand the spousal death benefit to which I am entitled under the plan. I realize my spouse is waiving this spousal death benefit and I voluntarily consent to the waiver. I further understand that all or part of my spouse's account balance will be paid to the beneficiary(ies) other than myself as specified in my spouse's Beneficiary Designation in Section I of this form. I hereby voluntarily consent to my spouse's designation of such beneficiary(ies). I agree to release and discharge the Trustee, Plan Administrator, and Company from liability for acting pursuant to this consent. I realize that my consent is irrevocable unless my spouse revokes the waiver.

SIGNATURE AND DATE REQUIRED	
Spouse's Signature X	Date

B. Witness of Spousal Consent

An Authorized Company Representative OR a Notary Public **MUST** witness spousal consent in person.

Witnessed by an Authorized Company Representative:

Signed _____ Date _____
Authorized Company Representative

- OR -

Witnessed by a Notary Public:

STATE OF _____ (_____)
(ss.
COUNTY OF _____ (_____)

On _____, before me, _____
(mm/dd/yyyy) Name, Title of Officer - e.g., "Jane Doe, Notary Public"

personally appeared _____
Name of Signer

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/hers/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature of Notary: _____

My commission expires: _____

Participant Name _____ SSN _____

NOTICE OF QUALIFIED PRERETIREMENT SURVIVOR ANNUITY

Federal law provides certain death benefits to the spouses of participants in retirement plans. This notice describes the spousal rights and the spousal death benefit, your right to waive them if you wish, and your spouse's rights regarding any such waiver.

Spousal Death Benefit

If you die before you begin to receive benefits, the plan must **(if your plan is subject to Qualified PreRetirement Survivor Annuity)**:

- Automatically pay a spousal death benefit consisting of 50% of your account balance to your surviving spouse (if any) as beneficiary, **and**,
- Unless your spouse elects otherwise after your death, pay that death benefit in the form of an annuity. This annuity form of payment would provide your spouse with a series of monthly payments over his or her life. The amount of each payment depends on your account balance and your spouse's age at the time of your death.

If you die before you begin to receive benefits, the plan must **(if your plan is not subject to Qualified PreRetirement Survivor Annuity)**:

- Automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

Waiving the Spousal Death Benefit

Your spouse will be paid 50% (if your plan is subject to **Qualified PreRetirement Survivor Annuity**) of your account balance and the remaining 50% of your account balance will be divided among other designated beneficiaries; or 100% of your account balance (if **your plan is not subject to Qualified PreRetirement Survivor Annuity**), unless:

- You waive the spousal death benefit by completing Section III of this form, **AND**,
- Your spouse voluntarily consents to both your waiver and your designated beneficiary(ies) by completing Section IV of this form.

Note: Even if your current beneficiary is a trust or estate of which your spouse is the sole beneficiary, the waiver and spousal consent are necessary. Without such waiver and consent, the spousal death benefit must be paid directly to your spouse.

You may revoke the waiver and execute a subsequent waiver at any time before your death by completing a new Beneficiary Designation form. Any subsequent waiver of the spousal death benefit would require your spouse's consent. Since a waiver is valid only for the spouse consenting to the waiver, if you later remarry you must complete a new Beneficiary Designation form and obtain your new spouse's consent.

If you are under age 35 for the entire plan year in which you waive the spousal death benefit, your waiver will be automatically revoked on the first day of the plan year in which you reach age 35. On or after that day, you must obtain a new Beneficiary Designation Form from your employer to re-execute the waiver of spousal death benefit and obtain your spouse's consent. (Applicable for plans subject to **Qualified PreRetirement Survivor Annuity only**)

It is important that you and your spouse understand your rights and obligations concerning your death benefits. You may direct any factual questions to your employer or the Plan Administrator. However, you should consult your legal and/or financial advisor to determine what is best for your particular situation.