Enrollment Form

PDC Daily - Rev. Jan-09

INSTRUCTIONS: Complete this form **AND** the Beneficiary Designation form when you satisfy the eligibility requirements of the 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:**
Street Address:			
City:	**State:**	**Zip Code:**	**Marital Status:**
Date of Birth:	**Date of Hire:**	**First Date of Term (if applicable):**	**Date of Rehire (if applicable):**
E-Mail Address (optional):			

Eligibility: Please refer to your Plan Detail Sheet.

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 401(k) plan during the current calendar year? ☐ **No** ☐ **Yes,** specify amount: $ ____________________

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 and investment direction 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 $

(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 401(k) 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 401(k) 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.

Date:	**Employee Signature:**