Enrollment form

Name _____
first middle initial last

Social Security number _____ Email _____

Plan ID 630035

Join the plan—you have options for enrolling.

- Phone: 866-809-8146
- Paper: Complete this form and return it to your employer.

My savings

Choose how much you would like to save. Your elections must be made in increments of 1%. Additional information on tax benefits is provided under "Your deferral contributions" in the plan highlights section of this guide. You may choose more than one option.

☐ **Pretax Savings**

$_____ or _____% of my compensation each pay period will be deposited into my pretax retirement account.

☐ **Roth savings**

$_____ or _____% of my compensation each pay period will be deposited into my Roth retirement account.

☐ **I decline to participate in the plan.**

I understand I can change this decision at any time.

Know your limits: The total amount you save in the plan cannot exceed the lesser of either 100% of your annual pay or $18,000 for the 2017 calendar year.

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

MARITAL STATUS: _____Single _____Married

DATE OF HIRE: _____

DATE OF BIRTH: _____

My signature

Signature _____ Date _____

Your signature serves as acknowledgement that you agree to join the plan and authorizes payroll deductions from your compensation as indicated on this form. This election will remain in effect until you choose to change or discontinue payroll deductions.

Employer use only

Signature of plan administrator _____ Date _____

Note: To process this request in the most efficient manner, please use your employer website.

Enrollment form

Name _____
first middle initial last

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My investments

Choose one or more investments as long as the total amounts to 100%. Your elections must be made in increments of 1%. Helpful information on choosing investments is available in the "What type of investor are you?" section of this book.

Investment name	Investment %
Target risk	
Vanguard® LifeStrategy® Conservative Growth Fund Investor Shares	_____%
Vanguard® LifeStrategy® Growth Fund Investor Shares	_____%
Vanguard® LifeStrategy® Income Fund Investor Shares	_____%
Vanguard® LifeStrategy® Moderate Growth Fund Investor Shares	_____%
Equity	
Dodge & Cox Stock Fund	_____%
Vanguard® 500 Index Fund Investor Class	_____%
Vanguard® Growth and Income Fund Investor Shares	_____%
Vanguard® Mid-Cap Index Fund Admiral™ Shares	_____%
Vanguard® Selected Value Fund Investor Shares	_____%
Vanguard® Small-Cap Index Fund Admiral™ Shares	_____%

Investment name	Investment %
Equity (Cont)	
Vanguard® Strategic Small-Cap Equity Fund Investor Shares	_____%
Vanguard® Total World Stock Index Investor Shares	_____%
Bond	
Vanguard® Intermediate-Term Bond Index Fund Admiral™ Shares	_____%
Vanguard® Short-Term Investment-Grade Fund Investor Shares	_____%
Vanguard® Total International Bond Index Fund Admiral™ Shares	_____%
Money market/Stable value	
Vanguard® Prime Money Market Fund Investor Shares	_____%
Other	
Vanguard® Energy Fund Investor Shares	_____%
Vanguard® Health Care Fund Investor Shares	_____%
~~Vanguard® Precious Metals And Mining Fund Investor Shares~~	~~_____%~~

If you don't make an investment election, you will be invested in Vanguard® LifeStrategy® Moderate Growth Fund Investor Shares.

My signature

Signature _____ Date _____

Your signature serves as acknowledgement that you agree to join the plan and authorizes payroll deductions from your compensation as indicated on this form. This election will remain in effect until you choose to change or discontinue payroll deductions.

Employer use only

Signature of plan administrator _____ Date _____

Note: To process this request in the most efficient manner, please use your employer website.

Beneficiary designation form

This form is used to select primary and contingent beneficiary(ies).

Name _____
first middle initial last

Social Security number _____ Email _____

Plan ID 630035

☐ **I am not married** – I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new beneficiary designation form and my spouse consents to my designation.

☐ **I am married** – I understand that my spouse will be my primary beneficiary, unless I designate a primary beneficiary other than my spouse on this form and my spouse signs the section entitled "Consent of spouse."

Beneficiary designation

The following individual(s) will be your beneficiary(ies). *Please check primary or contingent for each individual beneficiary.* If neither is checked, the individual will be deemed to be a primary beneficiary.

If any primary or contingent beneficiary dies before you, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If no primary beneficiary(ies) survives you, the contingent beneficiary(ies) will acquire the designated share of your retirement account balance.

☐ Primary ☐ Contingent
Beneficiary name _____ Percentage _____
Address _____
Tax ID (SSN/EIN) _____ Date of birth _____
Beneficiary type: ☐ Spouse ☐ Individual (Relationship_____) ☐ Entity ☐ Estate ☐ Trust

☐ Primary ☐ Contingent
Beneficiary name _____ Percentage _____
Address _____
Tax ID (SSN/EIN) _____ Date of birth _____
Beneficiary type: ☐ Spouse ☐ Individual (Relationship_____) ☐ Entity ☐ Estate ☐ Trust

☐ Primary ☐ Contingent
Beneficiary name _____ Percentage _____
Address _____
Tax ID (SSN/EIN) _____ Date of birth _____
Beneficiary type: ☐ Spouse ☐ Individual (Relationship_____) ☐ Entity ☐ Estate ☐ Trust

☐ Primary ☐ Contingent
Beneficiary name _____ Percentage _____
Address _____
Tax ID (SSN/EIN) _____ Date of birth _____
Beneficiary type: ☐ Spouse ☐ Individual (Relationship_____) ☐ Entity ☐ Estate ☐ Trust

☐ Check here if you are designating additional beneficiaries. Please attach a list that includes the information requested for the additional beneficiaries.

Continued on back

Beneficiary designation form

This form is used to select primary and contingent benificiary(ies).

Name _____
first middle initial last

Social Security number _____ Email _____

Plan ID 630035

Consent of spouse

I am the spouse of the retirement account holder named above. I consent to the designation of beneficiary(ies) made on this form. I understand that if anyone other than me is designated as a primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Spouse signature _____ Date_____

The signature of the spouse must be witnessed by a plan representative or notary public.

Plan representative/notary public _____ Date_____

Authorization

Account holder signature _____ Date_____

Witness signature _____ Date_____

Delivery instructions

Please return the completed beneficiary designation form to your employer.