

PLAN
EMPLOYEE ENROLLMENT AND CHANGE FORM

A. EMPLOYEE DATA

NAME: _____ SS#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ DATE OF HIRE: _____

B. REASON FOR FILING

- _____ New Enrollment (complete all parts)
- _____ Change of Election (complete all parts)
- _____ WAIVER - I do not wish to participate (sign and date below)

C. CONTRIBUTIONS

I hereby authorize **COMPANY** to withhold the indicated percentage or dollar amount from my compensation and deposit such amount into the **PLAN**.

DOLLAR AMOUNT PER PAY PERIOD \$ _____
OR
PERCENTAGE OF PAY PER PAY PERIOD _____ %

D. INVESTMENT ALLOCATIONS

I hereby acknowledge that I elect to have 100% of my monies invested in the following option (Check One):

- Manulife Financial** **Vanguard**

E. EMPLOYEE ACKNOWLEDGMENT

I confirm the above elections and understand the terms of the **PLAN** that affect my elections. I agree to hold harmless the Trustees and Plan Administrator from any losses incurred by my investments in following my instructions.

Employee Signature

Date

Trustee

Date