# RETIREMENT PLAN FOR EMPLOYEES OF EXCEPTIONAL PERSONS, INC.
## ENROLLMENT/CHANGE FORM

**Name** _______________________________________________,_________________________________
**Last** **First** **Initial**
**Address** ______________________________________________________________________________

**Social Security No.** ______________________________ **Date of Birth** ____________________

**Effective Date:**__________________________ **Date of Hire** _____________________

## A. What is the Purpose of this Form? Check the appropriate box(es) below and complete the applicable sections.

- ☐ Although newly eligible, I do not wish to contribute at this time.
- ☐ I wish to suspend contributions at this time.
- ☐ New Enrollment – Complete B & C
- ☐ Change Contribution Rate – Complete B
- ☐ Change Investment Election– Complete C
- ☐ Account Balance Reallocation – Complete D
- ☐ Rehire – Complete - B & C
- ☐ Reactivate Participation – Complete B & C
- ☐ Rollover – Complete C
- ☐ Basic Data Change

## B. Contribution Rate Election - Indicate the percentage you want to contribute to the Plan

**I hereby elect to contribute ____________% (up to the legal maximum)**

Contributions can be made up to the legal maximum, which is the lesser of 100% of salary, or the dollar limits shown below. If you are over age 50 by the end of the plan year, you can make catch-up contributions in addition to any plan or legal maximum.

| Year | Maximum 401(k) | Catch-Up |
|---|---|---|
| 2010 | $16,500 | $5,500 |

☐ I am over age 50 and I wish to make catch-up contributions

## C. How You Want Your Money Invested:

**(If no selection is made, contributions will be deposited to the default fund -Vanguard Target Retirement 2015)**

***Make your elections in whole percentages -MUST TOTAL 100%.***

| | Mutual Funds | C. Future Contributions | D. Account Balance Reallocation |
|---|---|---|---|
| **Stable Asset** | Invesco Stable Value Fund | | |
| **Bond Funds** | American Cent. Inf-Adj Bond | | |
| | American Funds Bond Fund R4 | | |
| | Fidelity Adv. Strat. Income Fund A | | |
| **Value Stocks** | Hartford Div & Gr R4 | | |
| | Columbia Mid Cap Value A | | |
| | Columbia Small Cap Value I A | | |
| **Blend Stocks** | American Funds Fundamental R4 | | |
| | Vanguard 500 Index Fund Inv | | |
| **Growth Stock** | American Funds Growth Fund R4 | | |
| | AIM Capital Development A | | |
| | Fidelity Adv Small Cap A | | |
| **World Stocks** | American Funds Europacific Growth R4 | | |
| **Target Retirement Funds** | Vanguard Target Retirement 2015 | | |
| | Vanguard Target Retirement 2025 | | |
| | Vanguard Target Retirement 2035 | | |
| | Vanguard Target Retirement 2045 | | |
| | | **100%** | **100%** |

**Signature-**This form **must** be signed, dated and returned 10 days prior to the effective date of change. **Date**

I authorize the Employer to take action indicated above with regard to my participation in the Plan.

**RETIREMENT PLAN FOR EMPLOYEES OF**
**EXCEPTIONAL PERSONS, INC.**

**DESIGNATION OF BENEFICIARY**

**SECTION I - PARTICIPANT INFORMATION**

Name: _____________________________________________ Social Security Number: ______-_____-_________

Address:_____________________________________________________________________________________

**SECTION II - DESIGNATION OF BENEFICIARY**

| Primary Beneficiary(ies): | Date of Birth / Social Security number: | Relationship: |
|---|---|---|
| Contingent Beneficiary(ies): | Date of Birth / Social Security number: | Relationship: |

**SECTION III - SPOUSAL CONSENT**

***THIS SECTION TO BE COMPLETED ONLY IF PARTICIPANT IS MARRIED AND DOES NOT DESIGNATE HIS/HER SPOUSE AS SOLE PRIMARY BENEFICIARY.***

I understand that if the Primary Beneficiary is someone other than myself, I am giving up any death benefit due me by giving my consent to the above Designation of Beneficiary.

I understand that without my consent to the Beneficiary Designation, I am entitled to the death benefit payable to a spouse under Plan provisions in the absence of a Beneficiary Designation Form. The remaining death benefits, if any, not payable to me, will be payable to the beneficiaries designated by the participant.

[ ] I DO consent to the Beneficiary selection.

[ ] I DO NOT consent to the Beneficiary selection.

_____________________________________________________ ___________
Signature of Spouse Date

The person signing above appeared before a notary public and made the election as a voluntary act and deed.

_____________________________________________________ ___________ NOTARIAL SEAL
Signature of Notary Date (REQUIRED)

**SECTION IV - PARTICIPANT'S SIGNATURE**

I reserve the right to change the beneficiary (ies) at any time by giving notice to the Trustees in writing. This designation revokes any previous designation of beneficiary(ies).

____________________________ ___________ _______________________________________ ___________
Participant's Signature Date Witness' Signature Date