

EMPLOYEE DIRECTED SALARY DEFERRAL PLAN ENROLLMENT FORM

Case Number 173-80011
RAMONA TEACHERS ASSOCIATION

BENEFIT & RETIREMENT STRATEGIES, INC.
CUSTOMER SERVICE (888) 290-8848

Please complete the following accurately. Print clearly. The information you provide should be current. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all sections of the form.

GENERAL INFORMATION

SOCIAL SECURITY NUMBER LAST NAME FIRST NAME MI

ADDRESS CITY STATE ZIP

DATE OF HIRE DATE OF BIRTH SEX (M/F) MARITAL STATUS (S/M/D)

CONTRIBUTION ELECTION (see enclosed highlight sheet)

- _____ I want to make pre-tax salary deferral contributions to the plan. I authorize my employer to deduct \$_____.00 (\$30, \$60, or \$90) of my salary from each paycheck and to credit that amount to the pre-tax salary deferral portion of my account.
- _____ I want to make ROTH salary deferral contributions to the plan. I authorize my employer to deduct \$_____.00 (\$30, \$60, or \$90) of my salary from each paycheck and to credit that amount to the ROTH salary deferral portion of my account.
- _____ I do not wish to contribute to the plan at this time.
- _____ I want to make additional supplemental pre-tax deferral contributions to the plan. I authorize my employer to deduct \$_____.00 of my salary from each Paycheck and to credit that amount to the pre-tax deferral portion of my account.
- _____ I want to make additional supplemental ROTH deferral contributions to the plan. I authorize my employer to deduct \$_____.00 of my salary from each Paycheck and to credit that amount to the ROTH deferral portion of my account.

MANAGED ACCOUNT OPTION

_____ I elect to have my available account balance managed by Clarke Lanzen Skalla Investment Firm, LLC. *

* The Ramona Teachers Association, Savings Advantage for Educators (SAFE) Benefits Plan does not, in any way, endorse the Clarke Lanzen Skalla Investment Firm, LLC

SIGNATURE

PARTICIPANT

DATE

RAMONA TEACHERS ASSOCIATION
Case Number 173-80011

Social Security Number Last Name First Name MI

INVESTMENT OPTION ELECTION

The following investment allocation will apply to all new money deposited into an existing group annuity or trust contact unless otherwise directed. Monies previously deposited to this contract will not be changed to reflect the selections below. NOTE: In the event of a contract conversion from an existing individual annuity contract or from another group annuity contract or trust agreement, all money previously deposited at Nationwide will be invested pursuant to the selections below. If you have any questions, please consult your plan administrator.

All allocations must be made in whole percentages.

I hereby authorize all FUTURE CONTRIBUTIONS to be invested as follows:

Table with columns: Risk, Inquire Code, Risk, Inquire Code. Lists various investment options like NW Mny Mkt Inst, NW Inv Dest Cnsvr SC, etc., with their respective percentages and codes.

Asset Class Legend: SP-Specialty, IS-International Stocks, SC- Small Cap Stocks, MC- Mid Cap Stocks, LC- Large Cap Stocks, BA-Balanced, BD- Bonds, CA- Cash, AA- Asset Allocation, SB-Short Term Bonds

I am interested in a rollover to this plan.

Trustee Signature

Date

Payroll Department

Date