



# ENROLLMENT FORM (H)

**INSTRUCTIONS**

The purpose of this form is for you to instruct your employer to deduct part of your current pay for contribution into your Plan account. You will generally not owe federal income tax on the amounts that you defer (within IRS limits), or on the earnings of those investments, until these amounts are distributed to you from the Plan. You may change your contribution amount during the Plan's open enrollment periods. Your change will be effective starting with the first day of the next calendar quarter. You may revoke the contribution election that you make at any time. Contributions to your account will be made going forward by reductions from your paycheck each pay period. You may elect a whole dollar amount from each paycheck per hour.

**APPLICANT INFORMATION** *(Please print)*

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Job Classification: \_\_\_\_\_  
 Sex:  Male  Female

Social Security Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_  
 Union Name: \_\_\_\_\_  
 Union Local Number: \_\_\_\_\_  
 Marital Status:  Single  Married  
 Divorced  Widowed

**ELECTIVE CONTRIBUTION ELECTION**

I hereby elect to defer a portion of my compensation equal to \$ \_\_\_\_\_ (minimum of \$0.15 per hour) per hour contributed on my behalf to the plan *(not to exceed the allowable calendar year limit)*.

**INVESTMENT ALLOCATION ELECTION**

I hereby elect to have future Plan contributions invested according to the following investment elections.\*  
*Please use whole numbers, not fractions.*

|  |  |
|--|--|
| BlackRock Health Sciences Opportunities Fund (A) – SHSAX _____ %     | Loomis Sayles Bond Fund (Admin) – LBFAX _____ %          |
| Allianz RCM Global Technology Fund (A) – RAGTX _____ %               | MainStay Institutional Bond Fund (I) – MYBIX _____ %     |
| AIM Small Cap Growth Fund (A) – GTSAX _____ %                        | MainStay Government Fund (A) – MGVAX _____ %             |
| Fidelity Advisor Mid-Cap Fund (T) – FMCAX _____ %                    | NYL Ins. Co. Anchor Account II– SEP25TRAC _____ %        |
| Columbia Small Cap Value Fund II (A) – COVAX _____ %                 | Fidelity Advisor Freedom Income Fund (A) – FAFAX _____ % |
| Goldman Sachs Mid Cap Value Fund (A) – GCMAX _____ %                 | Fidelity Advisor Freedom 2010 Fund (A) – FACFX _____ %   |
| American Funds Washington Mutual (R3) Investors Fund – RWMCX _____ % | Fidelity Advisor Freedom 2015 Fund (A) – FFFVAX _____ %  |
| MainStay S&P 500 Index Fund(A) – MSXAX _____ %                       | Fidelity Advisor Freedom 2020 Fund (A) – FDAFX _____ %   |
| BlackRock Capital Appreciation Fund (A) – SRLAX _____ %              | Fidelity Advisor Freedom 2025 Fund (A) – FATWX _____ %   |
| Van Kampen Equity & Income Fund – ACEIX _____ %                      | Fidelity Advisor Freedom 2030 Fund (A) – FAFEX _____ %   |
| Alliance Bernstein International Value Fund – ABIAX _____ %          | Fidelity Advisor Freedom 2035 Fund (A) – FATHX _____ %   |
|  | Fidelity Advisor Freedom 2040 Fund (A) – FAFFX _____ %   |
|  | <b>Total: 100 %</b>                                      |

I understand that the above investment elections shall continue until such time that I file a new election. I have received the current prospectus of each Fund selected and confirm that all information, instructions, and agreements set forth hereon shall apply to the account, and if applicable, shall also apply to any other fund account with shares acquired upon the exchange of the shares of the Fund(s) I selected.

**SIGNATURES**

I hereby authorize my employer to defer a portion of my compensation not yet earned and contribute the amounts deferred to the Plan as elective contributions, in accordance with my election indicated above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                     |   |
|--|---------------------|---|
| <b>EMPLOYER: Please complete below and mail a copy to:</b> |                     | Supplemental Income 401(k) Plan<br>P.O. Box 8338<br>Boston, MA 02266-8338 |
| _____<br>Employer Signature                                | _____<br>Employer # |   |
| _____<br>Employer Phone Number                             |                     |   |