

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR PARTICIPATION FORM FOR A J&S 401(K) PLAN

EMPLOYER: Please fill in the plan name, the employee's name, social security number, date of hire, date of birth and date of participation. The Employee should complete the rest of the form and return it to you. Please keep this form on file at your office.

EMPLOYEE:

Address – Please enter your current home address.

Salary Reduction Election:

Please enter either the dollar amount by which you wish to reduce your compensation each pay period or the percentage by which you wish to reduce your compensation each pay period. If you are unsure about the maximum allowable compensation reduction, please ask the Plan Administrator at your place of employment.

Check whether single or married. (If your marital status changes, let your employer know).

Election 1 and Election 2 apply only if you are married !

Election 1 - If you **do not** check this option, a Pre-Retirement Survivor Annuity will be purchased if you die before you receive a distribution of your plan account. This means that your spouse would receive monthly payments throughout his/her life. This annuity is purchased with your vested amount in the plan. If you do not want this annuity purchased for your spouse, please check Election 1. You have several options as to the frequency of the death benefit; please check this also.

(Example - You are married and do not want the Pre-Retirement Survivor Annuity. Instead, you want your spouse to receive one payment of your total vested amount. You would check Election 1, single lump sum.)

Election 2 - If you **do not** check Election 2, your spouse is automatically the primary beneficiary of your pre-retirement death benefit. If you check Election 2, you may choose a primary beneficiary other than your spouse.

(Example - You are married and have 1 child. You wish for your child to be the primary beneficiary of your pre-retirement death benefit. You would check Election 2.)

If you checked either Election 1 or Election 2, your spouse must sign the section of the application form entitled "Spouse's Consent to Waiver" (see below).

Primary & Secondary Beneficiary(ies) - Please list their name, address and relationship to you.

Date, Witness, Participant's Signature - Please date and sign the form and have your signature witnessed. **Anyone** can be the witness.

Spouse's Consent to Waiver - As mentioned above, if you checked Election 1 or Election 2, your spouse must sign the appropriate consent line(s). **His/her signature must be witnessed either by a Plan Representative (plan trustee) or a Notary Public.**

APPLICATION FOR PARTICIPATION FOR A J&S 401(K) PLAN

Name of Plan: _____

Participant: _____ Social Security Number: _____
Address: _____ Date of Birth: _____
_____ Date of Hire: _____
_____ Date of Participation: _____

I acknowledge receipt of the summary plan description of the above Plan. I understand that the summary plan description is intended only as a summary of the provisions of the Plan and Trust Agreement. I understand that full copies of the Plan and Trust Agreement are available for inspection at the offices of the Employer during business hours upon request by me, and that by becoming a Participant, I am agreeing to be bound by the terms and provisions of the Plan and of the Trust Agreement.

SALARY REDUCTION ELECTION

As a participant in the Plan, I understand that the Plan permits me to reduce my compensation. The amount by which I elect to reduce my compensation shall be withheld from my paycheck and paid by my employer into the Plan on my behalf. The Plan permits me to reduce my compensation up to the maximum amount allowed by the Plan Administrator. In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to reduce my pay by \$ _____ or _____% of pay per pay period. This election authorizes my employer to withhold this amount from my paycheck, and shall remain in effect until I revoke this election in writing, or change my deferral amount in accordance with a policy established by the Plan Administrator. Any questions regarding this election should be directed to the Plan Administrator.

NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY

As a Participant in the above-named plan, the law requires that you be informed as to the disposition of your plan benefits upon your death before retirement.

In the case of your death before retirement, the Plan will use 100% of your Account Balance (or Accrued Benefit) to purchase a survivor annuity for your spouse. This annuity form of payment will provide your spouse with a series of monthly payments over his or her life, and will contain other appropriate annuity options.

However, beginning with the first day of the Plan Year in which you attain age 35 (or upon termination if you are under age 35), you may elect to waive either (a) the requirement that your death benefit be paid in the form of a survivor annuity, or (b) the requirement that your spouse be your beneficiary. You may elect to waive both requirements.

However, your spouse must consent in writing before a plan representative or notary public to any waiver that you elect.

You may revoke any waiver any time before your death, and, if you desire, make a new election.

If you elect to waive both the survivor annuity form of payment and your spouse as your beneficiary (and your spouse has consented to both), then you may designate a beneficiary of your choosing. Also, if you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions to the Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.

BENEFICIARY DESIGNATION AND ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY

I hereby certify that I am: (check one) () Single () Married

As a Participant in the Plan, I hereby acknowledge that I have been informed by the Administrator that if I should die prior to my retirement, my spouse and I have the right to have the death benefit under the Plan paid to my spouse in the form of an annuity over the life of my spouse; that I have the right to waive that form of payment, provided that my spouse consents to the waiver; that I have the right to waive the designation of my spouse as the sole direct beneficiary of my death benefit, provided that my spouse consents to such waiver; and that I have the right to revoke either of such waivers which may be made by me at any time without my spouse's consent. I further understand that if my marital status changes before my benefits commence under this plan any optional elections I have executed will no longer be effective without the written consent of my spouse to whom I am married at the time when benefits commence.

