

## INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR PARTICIPATION FORM FOR A NON-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).

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 - Your spouse must sign if you named someone other than your spouse as primary beneficiary. **His/her signature must be witnessed either by a Plan Representative (plan trustee) or a Notary Public.**

APPLICATION FOR PARTICIPATION FOR A NON-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.

In the case of your death before retirement, the Plan will pay vested Account Balance (or Accrued Benefit) to your spouse in a lump sum. You may elect to waive the requirement that your spouse be your beneficiary. 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 your spouse as your beneficiary (and your spouse has consented to this), 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.

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.

BENEFICIARY DESIGNATION

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 death benefit under the Plan will be paid to my spouse in a lump sum; 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.

I hereby designate the following Primary Beneficiary to receive any death benefits to which I may become entitled under the terms of the plan. In the event that my Primary Beneficiary does not survive me, I hereby elect the following Secondary Beneficiary to receive any death benefits to which I may become entitled under the terms of the Plan:

If more than one person has been designated in either class of beneficiaries and if I have not directed otherwise, any amount distributable within a class of beneficiaries shall be divided equally among the survivors. However, if no person survives me, or if none is named, distribution shall be made to my estate. This beneficiary designation replaces any designations which I may have previously executed.

IF YOU ARE MARRIED AND HAVE NAMED A PRIMARY BENEFICIARY OTHER THAN YOUR SPOUSE, YOUR SPOUSE MUST SIGN THE SPOUSE'S CONSENT TO WAIVER ON THE REVERSE SIDE. THE SPOUSE'S SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC OR A PLAN REPRESENTATIVE.

