

# Employment Contractor Services, Inc. 401 (k) Plan ENROLLMENT FORM

Name _____	SS# _____	Date of Birth _____	Date of Hire _____
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## I. Salary Reduction

I hereby authorize the Company to make a \$ \_\_\_\_\_ or \_\_\_\_\_% reduction in my compensation for each pay period effective on the next plan entry date, and contribute such amount to the Plan.

## II. Investment Election

I hereby direct the Trustee to invest my contribution in the following American Funds: (must total 100%)

MONEY MARKET _____%	CASH MANAGEMENT TRUST _____%
INCOME _____%	U.S. GOVERNMENT SECURTIES _____%
	BOND OF AMERICA _____%
BALANCED _____%	AMERICAN BALANCED _____%
GROWTH & _____%	WASHINGTON MUTUAL _____%
INCOME _____%	
GROWTH _____%	INVESTMENT CO. OF AMERICA _____%
	GROWTH OF AMERICA _____%
	NEW PERSPECTIVE _____%

## III. Beneficiary Designation

Primary Beneficiary: \_\_\_\_\_ relationship: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_ relationship: \_\_\_\_\_

\*IF YOU ARE MARRIED, FEDERAL LAW REQUIRES THAT YOUR SPOUSE BE YOUR BENEFICIARY. IF YOU CHOOSE OTHERWISE, YOUR SPOUSE MUST SIGN AND DATE A SPOUSAL CONSENT FORM.

## IV. Authorization

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## V. I DO NOT ELECT TO PARTICIPATE IN THE PLAN AT THIS TIME.

I understand I may elect to begin contributions at any future plan entry date.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_