

PLAN ENROLLMENT FORM

Shasta Head Start Child Development, Inc. 401(k) Plan

When it comes to retirement planning, the most valuable thing you have is time. Even if you can only save a little, that little will go a long way for helping you achieve your retirement goals. Start by enrolling in your retirement plan and saving what you can.

YOUR INFORMATION

Social Security #:		Division:	
Full Name:			
Marital Status:	☐ Unmarried ☐ Married ☐ Divorced or Legally Separated per court order	Gender:	☐ Male ☐ Female
Address:			
City, State, Zip:			
Home Phone:		Mobile Phone:	
Home Email Address:		Birth Date (MM/DD/YYYY):	
Original Hire Date: (MM/DD/YYYY)		Previous Termination: (MM/DD/YYYY)	
		Rehire Date: (MM/DD/YYYY)	

YOUR SAVINGS RATE (PLEASE CHOOSE ONE OF THE OPTIONS BELOW)

- ☐ I would like to customize my savings rate:
Pre-tax: Enroll me in my plan and save _____% or \$_____ (must be in whole numbers) per pay period on a pre-tax basis.
Roth: Enroll me in my plan and save _____% or \$_____ (must be in whole numbers) per pay period on an after-tax basis.
- ☐ I do not wish to save for retirement at this time.

YOUR SIGNATURE

I acknowledge I read this Plan Enrollment Form and I authorize contributions from my pay as elected or the default automatic contributions if I did not customize my savings rate. I may elect to change my savings rate for pay after the Plan records the change. I am responsible to check my pay records for the accuracy of my contributions and I must promptly report any discrepancy. A failure to promptly report the discrepancy results in my savings rate being what (if anything) was actually withheld. I also authorize my Plan benefit to be invested as selected on the following pages. If I fail to make an election, my benefit will be invested in the Plan's default, described on the following pages, which is a qualified default investment alternative. I had the opportunity to read the prospectus for each investment option before making selections and I understand I can make changes to my investment elections. The Plan Trustee may alter the available investments. I understand the Plan may be a 404(c) plan, meaning it is intended to comply with Section 404(c) of the Employee Income Security Act of 1974. Such a plan allows participants and beneficiaries to select investments from those made available without the plan's fiduciaries being liable for losses resulting from such investment selections. I certify the accuracy of the information I provided on this Plan Enrollment Form.

Signature of Participant

Printed Name

Date (MM/DD/YYYY)

My Name:

My Social Security #:

CHOOSE A RISK BASED MODEL PORTFOLIO

Please select ONE of the Risk Based Model Portfolios*:

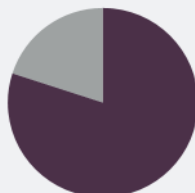
☐ **Ultra Conservative 100** (100%)



☐ **Balanced 60/40** (100%)



☐ **Conservative 20/80** (100%)



☐ **Aggressive 80/20** (100%)



☐ **Balanced 40/60** (100%)



☐ **Ultra Aggressive 100** (100%)



IMPORTANT:

To complete this section, please select one of the two choices, either:

**Choose a risk based model portfolio
—OR—
Build my own portfolio**

Please be aware that if your investment election contains an invalid entry—for example, your selections add up to more or less than 100%—you will be invested in the qualified default investment alternative, or QDIA, for your plan. For more information on your plan's QDIA, please refer to the QDIA notice.

My Name:

My Social Security #:

BUILD MY OWN PORTFOLIO

Use the section below to select your funds. Your allocation percentage must be in whole numbers and must total 100%.

Please be aware that if your investment election contains an invalid entry—for example, your selections add up to more or less than 100%—you will be invested in the qualified default investment alternative, or QDIA, for your plan. For more information on your plan's QDIA, please refer to the QDIA notice.

Ticker	Investment Category	Fund Name	Allocation Percentage
UTCSV	Stable Value	MetLife UTC Stable Value Fund	%
DODIX	Intermediate-Term Bond	Dodge & Cox Income Fund	%
RGVGX	Intermediate Government	American Funds US Government Sec R6	%
ACITX	Inflation-Protected Bond	Am Cent Inflation Adj Bond Fund INV	%
VWENX	Allocation--50% to 70% Equity	Vanguard Wellington-Admiral	%
VIGAX	Large Growth	Vanguard Growth Index Admiral	%
MFEKX	Large Growth	MFS Growth R6	%
NINDX	Large Blend	Columbia Large Cap Index Z	%
VVIAX	Large Value	Vanguard Value Index-Admiral	%
VMGMX	Mid-Cap Growth	Vanguard Mid-Cap Growth Index Admiral	%
NMPAX	Mid-Cap Blend	Columbia Mid Cap Index Z	%
VMVAX	Mid-Cap Value	Vanguard Mid-Cap Value Index Admiral	%
VSGAX	Small Growth	Vanguard Small Cap Growth Index Admiral	%
DFSTX	Small Blend	DFA US Small Cap I	%
DFFVX	Small Value	DFA US Targeted Value	%
REGX	Foreign Stock	American Funds Europacific Growth R6	%
SFNNX	Foreign Large Value	Schwab Fdmtl Intl Lg Co Idx	%
RNWGX	Diversified Emerging Mkts	American Funds New World R6	%
DFREX	Real Estate	DFA Real Estate Securities I	%
PCRRX	Commodities Broad Basket	PIMCO Commodity Real Ret Strat Admin	%
Total: _____%			

I want my account to be rebalanced:

☐ At this time

☐ Annually

☐ Semi-Annually

☐ Quarterly

☐ Do not rebalance my account

BENEFICIARY FORM

Shasta Head Start Child Development, Inc. 401(k) Plan

YOUR INFORMATION

Full Name:

Social Security #:

Marital Status:

☐ Unmarried ☐ Married ☐ Legally Separated

Spouse Name:

Spouse Social Security #:

Spouse Birth Date

 / /

Date of Marriage:

 / /

BENEFICIARIES

I understand that if I am married, my spouse is automatically my designated primary beneficiary, unless my spouse signs a notarized consent allowing me to designate another as my primary designated beneficiary. I can designate a contingent beneficiary without my spouse's consent, if I am married. A contingent beneficiary takes my account if my primary beneficiary(ies) dies before me. I hereby designate the following primary and contingent beneficiaries in the following percentages for each. The percentages separately added for the primary and contingent beneficiaries must each be 100%.

PRIMARY BENEFICIARIES

Percent	Beneficiary Name (First, Last)	Relationship	Social Security Number	Date of Birth
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /

CONTINGENT BENEFICIARIES

Percent	Beneficiary Name (First, Last)	Relationship	Social Security Number	Date of Birth
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /

YOUR SIGNATURE

If none of the above named Beneficiaries survives me, I understand that the Plan Administrator will direct the Trustee of the Plan to pay the benefit in accordance with the terms of the Plan. If I am not currently married, but am married at my death while still a participant in the Plan, I understand that this Beneficiary Designation is automatically null and void, and the benefits under the Plan will be paid to my spouse unless I properly execute a new Beneficiary Designation. If I am currently married, but later I am divorced or my spouse dies, then I remarry, this Beneficiary Designation will be void if I designate or have designated someone other than my new spouse as Primary Beneficiary. Such designation will not be effective unless my new spouse has consented in this form. This Beneficiary Designation supersedes any and all prior designations and shall be effective until such time as it may be replaced by a subsequent Beneficiary Designation or revoked. I may revoke this Beneficiary Designation at any time prior to my death and substitute a new Beneficiary Designation. If I am subject to the Qualified Preretirement Survivor Annuity (QPSA) provisions and have designated anyone other than my spouse as Primary Beneficiary, I hereby waive the QPSA coverage subject to my spouse's consent and acknowledge I have read and understand the Qualified Preretirement Survivor Annuity Explanation.

Signature of Participant

Date (MM/DD/YYYY)

SPOUSAL CONSENT

I, the undersigned, am the lawful spouse of the above named participant in the Plan. I voluntarily and knowingly consent to the Primary Beneficiary(ies) designated by my spouse and, if applicable, consent to the waiver of Qualified Preretirement Survivor Annuity benefits. If applicable, I acknowledge I have read and understand the Qualified Preretirement Survivor Annuity Explanation. I understand that if this consent is in effect at the time of my spouse's death I will not have any right to a payment from the account under the Plan unless I have been named Co-Primary Beneficiary or have been named a Contingent Beneficiary and all Primary Beneficiaries have predeceased me. I understand this consent is irrevocable unless my spouse revokes the Primary Beneficiary designation in this instrument.

Signature of Spouse

Date (MM/DD/YYYY)

Signature of Plan Representative or Notary Public

My Commission Expires (If Applicable)

Sworn Before Me On (MM/DD/YYYY)