

Retirement Plan Enrollment Form

1. Enrollment Election

- I elect NOT to participate in the plan at this time
- I elect to participate in the Plan and authorize a deduction from my Paycheck in the amount of _____% per pay period

2. Investment Options

Please choose an investment option from the options below. You may choose either one pre-defined portfolio or create your own custom portfolio

Pre- Defined Portfolios (choose one)

- Conservative
- Moderate Conservative
- Moderate
- Moderate Aggressive
- Aggressive

Custom Portfolio (if you selected a Portfolio above, please skip this section)

To create your Custom Portfolio, enter the desired allocation percentage for each fund in the space provided below. All percentages must be whole numbers (i.e. 10%); fractional percentages (10.5%) are not allowed and must total 100%

_____ % American Euro Pacific Growth	_____ % Janus Mid Cap Investor
_____ % American Growth Fund of America	_____ % Pimco Real Return
_____ % Artisan Mid Cap	_____ % Pimco Total Return
_____ % Causeway International Value	_____ % Royce Low Priced Stock
_____ % Schwab Institutional Large Cap Value	_____ % Vanguard Explorer
_____ % Schwab Stable Value	_____ % Vanguard S&P 500 Index

3. Participant Information & Authorization

_____	Company Name
_____	Hire Date
_____	Your Name (First, MI, Last)
_____	Address
_____	City, State, Zip
_____	Social Security No.
_____	Birth Date
_____	Home Phone
_____	Work Phone
_____	Email Address
	Status
	<input type="radio"/> Single
	<input type="radio"/> Married
	<input type="radio"/> Divorced
	Sex:
	<input type="radio"/> Male
	<input type="radio"/> Female

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

✘ _____
Participant's Signature

Date

Please return completed paperwork to:

401(k) Advantage
6001 Walden Drive, Suite 2
Knoxville, TN 37919
ph: 865-670-1844
fx: 865-670-0227

BENEFICIARY DESIGNATION FORM

Your Name: _____ **Company:** _____

If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit. No individual named as beneficiary shall be entitled to receive payment unless such individual shall survive the participant. Except as otherwise expressly provided in this designation, if no beneficiary shall survive the participant, the death benefits payable shall be payable per the plan document.

I hereby direct that any and all death benefits payable under the terms of the plan be payable to the following beneficiaries in accordance with the following provisions. Any and all previous beneficiary designations are hereby revoked.

Beneficiary(ies):

I hereby name the following to receive any benefits that will be payable from this plan in the event of my death:

Percentages below must equal 100% for Primary Beneficiaries.

-AND-

Percentages below must also equal 100% for Contingent (Secondary) Beneficiary(ies)-if any.

Beneficiary #1	Name	Relationship	SSN	DOB	Percentage
<input type="radio"/> Primary					%

Beneficiary #2	Name	Relationship	SSN	DOB	Percentage
<input type="radio"/> Primary					%
<input type="radio"/> Secondary					

Beneficiary #3	Name	Relationship	SSN	DOB	Percentage
<input type="radio"/> Primary					%
<input type="radio"/> Secondary					

Beneficiary #4	Name	Relationship	SSN	DOB	Percentage
<input type="radio"/> Primary					%
<input type="radio"/> Secondary					

Beneficiary #5	Name	Relationship	SSN	DOB	Percentage
<input type="radio"/> Primary					%
<input type="radio"/> Secondary					

Consent

If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the plan. You should file a new beneficiary designation form.

I consent to the beneficiary designation above: _____

Signature of Participant's Spouse

This instrument was signed before me on _____, _____

Date Plan Representative/ Notary Public

Sign

I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the plan.

* _____
Participant Date

Return to: 401(k) Advantage
6001 Walden Drive, Suite 2
Knoxville, TN 37919
fax: 865-670-0227
info@tagresources.com