

457(b) Deferred Compensation / 401(a) Defined Contribution Plan Enrollment and Investment Authorization Form



You must complete and sign this form and return it to your GEBCorp Representative before you can participate in the 457(b)/401(a) Plan.

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> 457(b) <input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change Deferral / Election | <input type="checkbox"/> 401(a) <input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change Election |
|--|---|

General Information (required)

Last Name	First Name	M.I.	Male / Female Gender
Social Security Number	Date of Birth	Date of Hire	Jurisdiction/ Employer
Home Address (Number and Street)	City	State	Zip Code
E-mail Address	Home Phone Number	Work Phone Number	

Contribution Allocation Information

If you choose to participate in the 457(b) Plan, you must defer a minimum of 1% of your compensation each payroll period.

I wish to defer the following percentage each payroll period as a 457(b) Plan pre-tax deferral: _____ %
(Whole % only)

Desired pay date for first pre-tax deferral: _____ / _____ / _____
(To be completed by your Representative)

Investment Elections

FUND SELECTION	ALLOCATION	FUND SELECTION	ALLOCATION
Manning & Napier Collective Investment Trusts			
<i>Target Date</i>			
Target Income CIT	_____ %	Schwab Int'l Idx (Sel)	_____ %
Target 2010 CIT	_____ %	Dreyfus Bond Mkt Idx (Inv)	_____ %
Target 2020 CIT	_____ %	Schwab S&P 500 Idx (Sel)	_____ %
Target 2030 CIT	_____ %	Federated Mid Cap Idx	_____ %
Target 2040 CIT	_____ %	Columbia Small Cap Idx (A)	_____ %
Target 2050 CIT	_____ %	Reliance Trust Stable Value	_____ %
<i>Target Risk</i>			
Pro-Mix Conservative Term CIT	_____ %	Total Investment Election	_____ %
Pro-Mix Moderate Term CIT	_____ %		(must equal 100%)
Pro-Mix Extended Term CIT	_____ %		
Pro-Mix Maximum Term CIT	_____ %		

NOTE: Whole percentages only; no fractions or decimals

Disclosure and Required Signatures

_____ (initial) My signature acknowledges that I wish to participate in the ACCG 457(b) Deferred Compensation/ 401(a) Defined Contribution Plan and I authorize future payroll deductions. I acknowledge that if my enrollment form is incomplete, or it is not received prior to the receipt of any contributions, such contributions will be allocated to the default investment option of the Plan. I fully understand that my funds will remain in the default investment option until I make the changes to my future elections and current investments.

Participant Signature: _____

Date: _____ / _____ / _____

GEBCorp Representative Signature: _____

Date: _____ / _____ / _____

For GEBCorp use only: Date received: _____ Date entered: _____