

# BUSINESS ADVISORY SOLUTIONS, LLC RETIREMENT SAVINGS PLAN

## ENROLLMENT / CHANGE / BENEFICIARY DESIGNATION FORM

### 1. Employee Information

Employee Name		Social Sec. #	
Address		Phone (     )	
City	State	Zip	Email
Date of Birth	Date of Hire (Rehire)	Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married	

### 2. Purpose of Form (Choose one)

<input type="checkbox"/> I am eligible and enrolling in the 401(k) plan <i>(Complete sections 1 through 7 and Investment Allocation Form)</i>	<input type="checkbox"/> I am changing my beneficiary designation <i>(Complete sections 1, 2, 5, 6, 7 and Spousal Consent Form, if applicable)</i>
<input type="checkbox"/> I am changing my current contribution/deferral amount <i>(Complete sections 1, 2, 3 and 4)</i>	<input type="checkbox"/> I elect not to make 401(k) contributions to the plan at this time <i>(Complete sections 1, 2 and 4)</i>
<input type="checkbox"/> I am changing my investment allocation mix on my existing balance and/or future contributions <i>(Complete sections 1, 2, 4 and Investment Allocation Form)</i> <small>☞ Also available online at <a href="http://www.retirementvista.com">www.retirementvista.com</a></small>	<input type="checkbox"/> I elect to stop my 401(k) contributions <i>(Complete sections 1, 2 and 4)</i>

### 3. Contribution/Deferral Amount

I elect to defer the following from my future eligible pay into the 401(k) Plan *(choose one)*

\_\_\_\_\_% per Pay Period\*      \*Government allowed maximum 401(k) Deferral Contribution for Calendar Years:  
2006 – \$15,000    2007 – \$15,500

\$\_\_\_\_\_ per Pay Period\*      Participants age 50 and over may be eligible to make additional "Catch-Up" 401(k) contributions

If allowed by the Plan, I elect a special one-time 401(k) deferral election from my payroll/bonus/commission

Payroll Date \_\_\_\_\_ Deferral Amount \$\_\_\_\_\_

### 4. Enrollment/Change Authorization

This Agreement shall apply to my future eligible wages/salaries until canceled, superseded, or I cease to be an eligible employee. This Agreement supersedes all previous agreements.

I understand that I may change the percentage of compensation contributed to the 401(k) plan only when and as allowed under the terms of the plan. Further, I understand that any 401(k) deferrals and investment income in excess of IRS limits will be returned to me, and I will be responsible for filing any income tax return amendments for the years involved.

In the absence of contrary instructions, I acknowledge election of the Plan's default investment option until I elect another investment option(s) via the **Investment Allocation Form** or online at **[www.retirementvista.com](http://www.retirementvista.com)**.

**I hereby acknowledge participation in the Plan as indicated by my selections above. I understand there may be investment advisory and/or transaction fees charged to my account.**

Signature <i>(Employee/Participant)</i>	Date
---	------

☞ Submit this form to your Office Manager/HR Department. Once you are enrolled, you are encouraged to manage your account online at **[www.retirementvista.com](http://www.retirementvista.com)**. To access, enter your social security number and PIN (initially setup as the last 4 digits of your social security number).

#### >> TO BE COMPLETED BY EMPLOYER <<<

Date Completed Election Form Received	____/____/____	Eligibility & Contribution Verified	____/____/____	Original Hire Date	____/____/____
Election Forms Sent to Payroll Processing	____/____/____	Effective Date of Enrollment/Change	____/____/____	Termination Date	____/____/____
				Rehire Date	____/____/____

**5. Primary Beneficiary Designation (Choose one)**

**Unmarried Participant**

I certify that I am unmarried and I hereby designate the following Primary Beneficiary to receive, in the event of my death, the value of my benefit in the Plan. I will inform the Plan Administrator of any change in my marital status.

	Print Name	Social Sec. #	Relationship	%
Primary Beneficiary 1	_____	_____	_____	_____
Primary Beneficiary 2	_____	_____	_____	_____

**Married Participant**

I designate the following Primary Beneficiary to receive, in the event of my death, the value of my benefit in the Plan *(select one)*

Spouse Only

	Spouse Name	Spouse Social Sec. #	Spouse Date of Birth
	_____	_____	_____

Other *(specify)*

	Print Name	Social Sec. #	Relationship	%
Primary Beneficiary 1	_____	_____	_____	_____
Primary Beneficiary 2	_____	_____	_____	_____

**NOTICE: Consent of Spouse** *(Required for Married Participant naming a Non-Spouse Beneficiary)*

If you do not appoint your spouse as the sole primary beneficiary, your spouse must agree and consent to the appointment of the specific person(s) named above as the designated primary beneficiary of your benefits under the Plan.

Your spouse must sign a **Spousal Consent Form – Consent to Beneficiary Designation** and such form, properly witnessed, must be herewith attached or the election above will be considered invalid and your spouse shall be the sole primary beneficiary.

**6. Contingent Beneficiary Designation**

If the Primary Beneficiary pre-deceases me, I designate the following contingent beneficiary(ies) to receive, in the event of my death, the value of my benefit in the Plan.

	Print Name	Social Sec. #	Relationship	%
Contingent Beneficiary 1	_____	_____	_____	_____
Contingent Beneficiary 2	_____	_____	_____	_____
Contingent Beneficiary 3	_____	_____	_____	_____

**7. Beneficiary Authorization**

The beneficiary selection I have made above accurately reflects my marital status. I understand that the beneficiaries named above will be entitled to the value of my benefit in the Plan in the event of my death.

Signature *(Employee/Participant)*

Date

☞ Submit this form to your Office Manager/HR Department. Once you are enrolled, you are encouraged to manage your account online at [www.retirementvista.com](http://www.retirementvista.com). To access, enter your social security number and PIN (initially setup as the last 4 digits of your social security number).