

Your Enrollment Form

The purpose of this form is for you to instruct your employer to deduct part of your current pay for contribution into your Plan account. You will generally not owe federal income tax on the amounts that you defer (within IRS limits), or on the earnings of those investments, until these amounts are distributed to you from the Plan. You may change your contribution amount during the Plan's open enrollment periods. Your change will be effective starting with the first day of the next calendar quarter. You may revoke the contribution election that you make at any time. Contributions to your account will be made going forward by reductions from your paycheck each pay period. You may elect a percentage of your salary prorated for each pay period.

ACTION

PARTICIPANT INFORMATION – Please Print

Name _____ Phone Number _____ Sex M F
 Social Security Number _____ Email Address _____
 Address _____ Employer _____
 City _____ State _____ Zip Code _____ Union Name & Number _____
 Date of Birth _____ Date of Hire _____ Marital Status Single Married Divorced Widowed

ACTION

ELECTIVE CONTRIBUTION ELECTION

Beginning with the next calendar quarter, I hereby elect to have tax-deferred contributions equal to (please check one):

- 1% 2% 3% 4% 5% 6% 7% 8% 9%
 10% 11% 12% 13% 14% 15% 16% 17% 18%
 19% 20% 21% 22% 23% 24% 25%
 Other ___% of my compensation contributed on my behalf to the Plan (not to exceed the allowable calendar year limit).

ACTION

INVESTMENT ALLOCATION ELECTION

I hereby elect to have future Plan contributions invested according to the following investment elections. *Please use whole numbers, not fractions.*

___% AllianzGI Technology Fund A – RAGTX	___% JPMorgan SmartRetirement 2030 A – JSMAX
___% American Funds EuroPacific Growth Fund R4 – RREX	___% JPMorgan SmartRetirement 2035 A – SRJAX
___% American Funds Washington Mutual Investors Fund R4 – RWMEX	___% JPMorgan SmartRetirement 2040 A – SMTAX
___% BlackRock Health Sciences Opportunities Fund A – SHSAX	___% JPMorgan SmartRetirement 2045 A – JSAAX
___% Columbia Mid Cap Index Fund A – NTIAX	___% JPMorgan SmartRetirement 2050 A – JTSAX
___% Columbia Small Cap Value Fund II A – COVAX	___% JPMorgan SmartRetirement 2055 A – JFFAX
___% Invesco Equity & Income Fund A – ACEIX	___% JPMorgan SmartRetirement 2060 A – JAKAX
___% Invesco Small Cap Growth Fund A – GTSAX	___% JPMorgan SmartRetirement Income – JSRAX
___% iShares S&P 500 Index Investor Fund A – BSPAX	___% Loomis Sayles Bond Retail – LSBRX
___% JPMorgan SmartRetirement 2020 A – JTTAX	___% MainStay Total Return Bond Fund I – MTMIX
___% JPMorgan SmartRetirement 2025 A – JNSAX	___% SIP Stable Value Option – SIPSVO

100% TOTAL

I understand that the above investment elections shall continue until such time that I file a new election. I have received the current prospectus of each Fund selected and confirm that all information, instructions, and agreements set forth hereon shall apply to the account, and if applicable, shall also apply to any other fund account with shares acquired upon the exchange of the shares of the Fund(s) I selected.

ACTION

AUTHORIZATION

I hereby authorize my employer to defer a portion of my compensation not yet earned and contribute the amounts deferred to the Plan as elective contributions, in accordance with my election indicated above.

Employee Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR EMPLOYER.

EMPLOYER: Indicate the frequency this Employee is paid: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
 Complete the information below and submit at least 3 business days prior to remitting contributions for this employee.
 FAX COMPLETED FORM to (816)218-0423

 Employer Signature Employer or Plan ID# Employer Phone Number

Beneficiary Designation Form

ACTION

PARTICIPANT INFORMATION – Please Print

Name _____

Social Security Number _____

Please initial one of the following:

Initial Beneficiary Designation _____

Amended Beneficiary Designation _____

STATEMENT OF SPOUSE'S RIGHTS

I understand that if I am married and I have not designated my spouse as my sole Primary Beneficiary, this form will not be valid (except as to any Contingent Beneficiary I may have named below) unless my spouse has consented by signing the "SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY" section of this Form and having his or her signature witnessed by the Plan Administrator or notarized. I also understand that if I am not married at this time, but I later marry before receiving distribution of my account balances, this designation automatically will be modified to designate my spouse as my sole Primary Beneficiary unless my spouse signs the "SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY" section of this Form and has his or her signature witnessed by the Plan Administrator or notarized.

ACTION

BENEFICIARY DESIGNATIONS – Please indicate primary and contingent beneficiaries

I, the undersigned Participant in the above-named Plan, do hereby designate the following person(s) as Primary Beneficiary(ies) to whom distributions shall be paid in accordance with Plan in the event of my death.

PRIMARY BENEFICIARY(IES)

Name _____

Social Security Number _____

Address _____

Relationship _____

% of Total Payable _____

Name _____

Social Security Number _____

Address _____

Relationship _____

% of Total Payable _____

Should an above named beneficiary predecease me, the "% of Total Payable" to such Primary Beneficiary is to be paid to the following Contingent Beneficiary(ies).

CONTINGENT BENEFICIARY(IES)

Name _____

Social Security Number _____

Address _____

Relationship _____

% of Total Payable _____

PLEASE COMPLETE FORM ON BACK

BENEFICIARY DESIGNATIONS – Continued**CONTINGENT BENEFICIARY(IES)**

Name _____ Social Security Number _____
 Address _____
 Relationship _____ % of Total Payable _____

AUTHORIZATION

The foregoing revokes all prior designation of Beneficiary(ies) made by me with respect to my interest in said Plan. I reserve the right to change my Beneficiary by filing another Beneficiary Designation Form with the Trustee.

I have checked here and certify to the Employer that I am not married on the date I have signed this Form.

Signature _____ Date _____
 Witness (other than beneficiary) _____ Date _____

SPOUSE'S CONSENT TO ALTERNATE BENEFICIARY

I hereby consent to the Beneficiary Designations made herein by my spouse, with respect to my spouse's account balance under the above named Plan, and I understand and agree that (i) if I am not designated as a Primary Beneficiary, I will not receive any benefit under the Plan in case of my spouse's death or (if I am designated as Primary Beneficiary, but not the sole Primary Beneficiary, I will not receive all of my spouse's interest in the Plan in the case of his or her death), and (ii) I will receive no joint and survivor annuity form of benefit under the Plan. I acknowledge that I am voluntarily giving up the right to be sole primary beneficiary of my spouse's Plan account balance in the event of my spouse's death before distribution of my spouse's Plan account balances, and that this consent is irrevocable (unless my spouse changes the designation of beneficiary).

Signature of Participant's Spouse _____ Print Name _____

The signature above must be witnessed by your Employer:

By _____ Title _____

Date _____

OR, notarized here:

State or Commonwealth of _____

On this _____ day of _____, 20____, _____ INSERT NAME _____ personally appeared before me and, being duly sworn, affirmed that he/she had read the above Spouse's Consent to Alternative Beneficiary and signed the same of his or her free will.

Signature of Notary Public _____ Commission Expires _____

**PLEASE FAX THIS COMPLETED FORM IN ITS ENTIRETY TO 816.218.0423 OR MAIL TO: Supplemental Income 401(k) Plan
 P.O. Box 8338, Boston, MA 02266-8338**