

# 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 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 219247, Kansas City, MO  
 64121-9247