

ABC COMPANY Savings Plan Enrollment form.

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If you choose to participate in the plan or wish to change your current contribution amount, it is important that you fill out the **entire** Enrollment Form. If you choose not to participate in the plan, or wish to stop your payroll contributions, you need only to fill out the **Participation Authorization** section.

Enrollment

X New -	Re-En	try	—— Change	Eff	ectiv	e D	ate: —					
Participant Authorization												
Name of Company	ABC Company						# 154-JH55					
First Name John			MI		La	st	Smith					
Address							Social Security No.					
City	5	State Zip				Home Phone						
Date of Birth	Da	te E	mployed Sex	M	/ F							
Fund Selection												
l wish t	to contril	but	e <u>15</u> % (of m	y s	ala	ry per pay perio	d.				
 My Employer shall pay to the Trustee all such amounts withheld for crediting to my account. I have the right to change, amend or otherwise revoke this agreement subject to plan administration provisions. If this Agreement is revoked in its entirely, I waive my right to re-participate subject to plan administration provisions. Write in the percent of the contribution you want to put into each fund. The total should be 100%. Please use whole numbers. CONSERVATIVE MODERATE AGGRESSIVE												
Millennium STS US Tr	easury 15	%	Millennium PA Housing Bo	nd	25	%	Millenium Large Cap	Growth	20	%		
		%	Fund D			%	Millenium Small Cap	Fund B	20	%		
		%	Millennium CA Muni Bond	9	20	%				%		
		%	Fund A	_		%				%		
		%		_		%				_%		
		%				%				- %		
		%		-		%				<u>%</u>		
		% %		-		% %				- <mark>%</mark>		
		%				% %				- % %		
	Total 15	%	То	al	_	%		Total	40	%		
= 100 %												

I, the undersigned, consent to making the preceding salary deferral election and investment elections. I understand

Date

that Payroll will begin processing my elections and/or changes as soon as practically possible.

Participant's Signature