

# SCHUSTER CO INC 401(K) PROFIT SHARING PLAN ENROLLMENT/CHANGE FORM

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_  
 (Please Print) (Last) (First) (M.I.)

Address \_\_\_\_\_  
 Street/P.O. Box City State ZIP

Employment Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Month Day Year Month Day Year

Home Phone Number \_\_\_\_\_ Home E-mail Address \_\_\_\_\_

## I. Payroll Deferral Authorization

- I elect to make pretax contributions and hereby authorize the Company to reduce my eligible earnings each pay period by the amount indicated below.  
 \$ \_\_\_\_\_ (\$1.00 to Maximum Allowed)
- I hereby elect **NOT** to make pretax contributions at this time

## II. Beneficiary Designation

- I understand that if I am married, my spouse is my beneficiary. However, if my spouse waives his/her right and agrees to name another person as beneficiary, we must complete the beneficiary designation below, and my spouse's signature must be witnessed by a notary public.
- I understand that since I am not married, the following is my beneficiary designation:

	Name	Relationship	Social Security Number	% of Share
Primary:	_____			
Address:	_____			
Primary:	_____			
Address:	_____			
Secondary:	_____			
Address:	_____			
Secondary:	_____			
Address:	_____			

Spouse's Consent (Only required if beneficiary designation is not the spouse.): I consent to the above designation. I understand it could eliminate death benefits otherwise payable to me if my spouse dies.

Spouse's Signature: \_\_\_\_\_

Witnessed before me this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) \_\_\_\_\_

NOTARY PUBLIC Term Expires \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Continue on page two:

**Participant's signature required in section V on page two**

## III. Investment Selection (Investment changes requested using this form will be made to all sources of money. If separate investment election by source is desired, the automated system must be used.)

**OPTION A – MANAGED PORTFOLIOS (CHECK ONE PORTFOLIO)**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Current Income</b> – 100% Bonds                | <input type="checkbox"/> <b>Growth &amp; Income</b> – 60% Stocks, 40% Bonds  |
| <input type="checkbox"/> <b>Income with Growth</b> – 20% Stocks, 80% Bonds | <input type="checkbox"/> <b>Capital Appreciation</b> – 80% Stocks, 20% Bonds |
| <input type="checkbox"/> <b>Limited Volatility</b> – 40% Stocks, 60% Bonds | <input type="checkbox"/> <b>Aggressive Growth</b> – 100% Stocks              |
| <input type="checkbox"/> <b>Balanced</b> – 50% Stocks, 50% Bonds           |  |

**OPTION B - PARTICIPANT DIRECTED**

Select in 1% increments to total 100%

**MONEY MARKET**

SEI Daily Income Govt Fund

**CORE FIXED INCOME FUNDS (BONDS)**

**Intermediate Term Aggregate Bonds**

PIMCO Total Return  
 Vanguard Total Bond Market Index

**CORE EQUITY FUNDS (STOCKS)**

**Large Cap Value**

American Beacon Large Cap  
 Goldman Sachs Large Cap

**Large Cap Blend**

Vanguard 500 Index

**Large Cap Growth**

Amana Trust Growth  
 T. Rowe Price Growth Stock

**Mid Cap**

Vanguard Mid Cap Index  
 WestPort

**Small Cap Equity**

Columbia Acorn Small Cap

**Developed International**

Fidelity Advisor Diversified International  
 Templeton Foreign Equity  
 Artisan International

**Small Cap International Equity**

Columbia Acorn International

**SATELLITE / SPECIALTY FUNDS (appropriate when used as a portion of a well-diversified portfolio)**

Goldman Sachs Satellite Strategies

**LIFECYCLE FUNDS / BALANCED FUNDS**

**Life Cycle**

Fidelity Freedom Income  
 Fidelity Freedom 2010  
 Fidelity Freedom 2020  
 Fidelity Freedom 2030  
 Fidelity Freedom 2040  
 Fidelity Freedom 2050

**Balanced**

Vanguard Balanced Index (Default Fund)

**IV. Effect of Changes made in Section III**

Please indicate if this CHANGE should be made to: (Does not apply if this is a new enrollment)

- Future Contributions only*       *Current Balances only*       *Both Future and Current*

**V. Purpose / Participant Signature / Effective Date**

Please indicate if this form is an *Enrollment or Waiver* or *Change of* form. If the *Change of:* box is marked, please mark the type of change.

- Enrollment or Waiver     Change of:     Investment Election     Payroll Deferral     Beneficiary Designation

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

The above payroll deduction/change is effective

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Signature of Plan Administrator

\_\_\_\_\_  
Date