

## Guided Fund Select Non-Broker Series Enrollment Form

## **Enrollment Methods**

- Retirement Services Online Web site: https://benefits.paychex.com
- Employee Services Information Line: 877-244-1771, retirement services option
- Fill out this form and fax it to: 585-389-7252

Note: By using either the Web site or Information Line, you do not need to send this form to Paychex, Inc.

Employee Infor	nployee Information (All information is required)																										
Employee Name										Social Security Number																	
Company Name									Office/Client Number						r												
Date of Birth / / Da					Date	ate of Hire/					/				Phone Numb					(		)					
E-mail Address <u> </u>			Ш		$\perp \perp \perp$																						
Enrollment (Che	•					_																					
Participants. be in increme	ents of 1% (					•										oug	jh	pay	roll	l de	duct	tion	. De	feri	rals	mus	st
Pretax Salary  Roth 401(k)		_			pla	Consult an. Als		,		,															,		
Pretax Catch	-up Deferral	-			* * en ca	**For catch-up deferrals, you must be eligible to make elective deferrals under your employer's 401(k) plan and have, or will have, attained age 50 before the close of the calendar year. If you have not met the age requirement, you will not be enrolled in catch-up contributions.																					
Important: A		•		ct in t	his sed	ction v	will be	e inve	estec	d us	sing tl	he s	ame	fur	nd a	allo	cat	ion	pe	rcei	ntag	jes '	that	yo	u se	lect	in
■ No, I do not	want to enro	ll in t!	ne plai	n at t	his tim	ie. My	defe	rral is	s zer	ο.																	

## Investment Selection

In the "Investment Selection" column, I have entered the percent of my contribution that I want allocated in the fund(s) choices. All contributions elected on this form will be allocated in the fund(s) that I have selected.

I understand the "Investment Selection" and corresponding percentage will remain in effect until I request a change, in accordance with the provisions of the plan. I will receive a confirmation of the requested change.

I understand that if this section is not completed, or if the fund percentages total more than 100%, that 100% of the contribution will be invested in the Money Market fund for the first 90 days. If further reinvestment direction is not received within 90 days, all investments and any future contributions will be moved to a GuidedSavings managed account.

I understand that if the "Investment Selection" percentages total less than 100%, the difference will be invested in the Money Market fund.

If the Enrollment section is not completed, your Investment Selections will be updated and your current deferral election will remain.

Prior to requesting any movement of funds, please review the fund prospectus for policies regarding frequent trading and market timing.

You may select any combination in 1% increments totaling 100% (non-whole numbers will be rounded down to the nearest percent). These investment selections are for future allocations only and will not impact currently invested funds.

	Guided Fund Select Non-broker Series	Investment Selection
141	Federated Automated Cash Management IS	%
3326	Fidelity Advisor New Insights I	%
4472	American Century Heritage INV	%
4620	Columbia Acorn International	%
5123	Vanguard Inflation Protected Securities Inv	%
5126	Vanguard Intermediate Term US Treasury Inv	%
5139	Vanguard Short Term Federal INV	%
5161	Yacktman	%
5267	Royce Special Equity Inv	%
5651	Prudential High Yield Z	%
6395	Schwab S&P Index Select	%
9376	Manning & Napier World Opportunities Series	%
11472	MFS International Value R4	%
12158	Parnassus Equity Income Inv	%
12159	Delaware Emerging Markets Inst	%
12888	Janus Triton I	%
13128	Metropolitan West Total Return Bond I	%
13165	Lord Abbett Value Opportunities I	%
	Totals	100%

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Authorization and Signature				
As a participant in this plan, your employer may provide your investment and plan eligibility	information <sup>1</sup>	to third partie	es necessary	y to
administer the plan. I hereby authorize the company to make the necessary payroll deductions fr	om my comp	pensation as i	ndicated abo	ove.
The authorization set forth in this form shall become effective at the earliest time permitted by th	e terms of th	ie plan.		
Employee Signature:	Date:	/	/	=

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