

ENROLLMENT FORM

PLAN NAME:

Plan #: 254273

IMPORTANT: IF YOU ARE CHANGING OR CORRECTING ANY OF THE FOLLOWING EMPLOYEE INFORMATION, PLEASE ENTER THE CORRECT INFORMATION AND CHECK HERE:

EMPLOYEE INFORMATION *(please print)*

(SS# is a required field)

Name:		SS#:	
Address:			
City:		State:	Zip:
Date of Birth:	Date of Hire:		Division:

CONTRIBUTION ELECTION

I authorize my employer to deduct from my eligible compensation the percentage I enter on a before-tax basis and to contribute that amount to the plan on my behalf (enter an amount from 1% to 100%). ___ % If I am eligible to make a Catch-Up Contribution, I authorize my employer to treat any amount of my before-tax contributions that exceeds any statutory (or plan) limits as Catch-Up Contributions to the extent such contributions do not exceed the applicable statutory Catch-Up Contribution limit.

I do not wish to contribute to the Plan at this time.

Investment Elections must be made by calling Merrill Lynch's Participant Service Center at 1-800-229-9040 or by accessing our Benefits OnLine website: www.Benefits.ML.com. The list of available Funds for your plan can also be found through the Participant Service Center or through the Benefits onLine Website. If you fail to make an investment selection, your contributions will be fully invested in the default fund, GoalManager Conservative to Moderate.

AUTHORIZATION

My signature will serve as authorization for this and all future telephone or on-line transactions I make to my accounts.

___/___/___

EMPLOYEE SIGNATURE

DATE

FOR ADMINISTRATIVE USE ONLY:

PLAN ADMINISTRATOR'S SIGNATURE

___/___/___
DATE

___/___/___
DATE FIRST ELIGIBLE