

# ENROLLMENT FORM

Social Security Number

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Plan Number:

42449

**Plan Name: Talent Logic, Inc. Employee Savings Plan**

## Participant Information

Participant Name:

\_\_\_\_\_

Last
First
Middle Initial

Participant Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City
State
Zip

Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I want to: *(Select one)*

Enroll

Waive my right to make contributions at this time

## Pretax Deferral Contribution Election

Please indicate the pretax percentage you wish to defer from your salary each payroll period. If you are or will be age 50 or older by the end of the taxable year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer.

I elect to contribute each payroll period the following percentage of my eligible Compensation on a **PRETAX** basis:  
 \_\_\_\_\_%.

*(Your total pretax deferral election(s) cannot exceed 60.00% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax deferral contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)*

*Note: The total of your Contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law.*

## Investment Elections

I choose to invest my Account as follows:

*(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%)*

<u>Permissible Investment Option</u>	<u>Name</u>	<u>Ticker Symbol</u>	<u>Fidelity Fund Code</u>	<u>Percentage</u>
1	Fidelity® Government Money Market Fund	SPAXX	0458	_____
2	Fidelity® Intermediate Bond Fund	FTHRX	0032	_____
3	Fidelity® Balanced Fund	FBALX	0304	_____
4	American Beacon Large Cap Value Fund Investor Class	AAGPX	OFA2	_____
5	Fidelity® Equity-Income Fund	FEQIX	0023	_____
6	Fidelity® Stock Selector Large Cap Value Fund	FSLVX	0708	_____
7	Fidelity® Value Fund	FDVLX	0039	_____
8	Fidelity® Growth & Income Portfolio	FGRIX	0027	_____
9	Fidelity® 500 Index Fund - Premium Class	FUSVX	1523	_____
10	Fidelity® Stock Selector Small Cap Fund	FDSCX	0336	_____
11	Victory RS Partners Fund Class A	RSPFX	OQWY	_____

12	Fidelity® Blue Chip Growth Fund	FBGRX	0312	_____
13	Fidelity® Capital Appreciation Fund	FDCAX	0307	_____
14	Fidelity® Contrafund®	FCNTX	0022	_____
15	Fidelity® Growth Company Fund	FDGRX	0025	_____
16	Fidelity® OTC Portfolio	FOCPX	0093	_____
17	Fidelity® Stock Selector Mid Cap Fund	FSSMX	2412	_____
18	Fidelity® Overseas Fund	FOSFX	0094	_____
19	Fidelity Freedom® Income Fund	FFFAX	0369	_____
20	Fidelity Freedom® 2005 Fund	FFFVX	1312	_____
21	Fidelity Freedom® 2010 Fund	FFFCX	0371	_____
22	Fidelity Freedom® 2015 Fund	FFVFX	1313	_____
23	Fidelity Freedom® 2020 Fund	FFFDX	0372	_____
24	Fidelity Freedom® 2025 Fund	FFTWX	1314	_____
25	Fidelity Freedom® 2030 Fund	FFFEX	0373	_____
26	Fidelity Freedom® 2035 Fund	FFTHX	1315	_____
27	Fidelity Freedom® 2040 Fund	FFFFX	0718	_____
28	Fidelity Freedom® 2045 Fund	FFFGX	1617	_____
29	Fidelity Freedom® 2050 Fund	FFFHX	1618	_____
30	Fidelity Freedom® 2055 Fund	FDEEX	2331	_____
31	Fidelity Freedom® 2060 Fund	FDKVV	2708	_____
		<b>Total</b>	<b>100%</b>	_____

**Signatures**

I understand that my contribution election(s) will become effective on the first payroll period that my Employer can reasonably process it/them and that my contribution election(s) will continue in effect until I change or revoke it/them or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated in the Contribution Election section(s) above and to make such contribution(s) to the Plan on my behalf. I understand that my Plan permits catch-up contributions and if I am age 50 or older during the taxable year, any amounts in excess of otherwise applicable limits shall be treated as a catch-up contribution to the extent permitted under Code Section 414(v). I understand that I have the right to obtain prospectus(es) for more information about the Plan’s investment options by contacting Fidelity at 1-800-835-5097 or [www.netbenefits.com](http://www.netbenefits.com).

I understand that the investment elections indicated above will apply to all contributions (except rollover contributions) on my behalf to this Plan and these investment elections will continue in effect until I change them.

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) \_\_\_\_\_ DATE \_\_\_\_\_

PLAN ADMINISTRATOR (print name): \_\_\_\_\_

\* Please print and sign your name in the spaces above.

Note: The Plan Administrator must provide certain information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

**Form Completion Checklist**

- Participant’s social security number
- Participant signature
- Investment elections (whole percentages totaling 100%)
- Plan Administrator printed name
- Deferral election present
- Plan Administrator signature

DESIGNATION OF BENEFICIARY FORM

Plan Name: Talent Logic, Inc. Employee Savings Plan
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Plan Number: 42449

Participant Information

Note: Instructions to complete this form are attached at the end of this form.

Name: Last First Middle Initial
Address: Street
City State Zip

Marital Status: Single [ ] Married [ ]

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns of fields)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary

In the event that there is no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns of fields)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Participant Signature

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

Married Participants please see below:

Note: The Plan requires a married Participant's spouse to consent to the Designation of Beneficiary if the spouse elected to waive the pre-retirement survivor annuity. Therefore, if you intend to designate more than 100% of your vested Account balance to a primary Beneficiary other than your spouse, then your spouse must consent to waive the pre-retirement survivor annuity on a separate Waiver of Pre-Retirement Survivor Annuity form provided by the Plan Administrator and consent to the Beneficiary Designation below under the Consent of Spouse section. If your spouse fails to consent to either the pre-retirement survivor annuity or the non-spouse Beneficiary designation, then upon your death the Plan will pay the pre-retirement survivor annuity to your surviving spouse and then will pay your remaining Account balance, if any, to your designated Beneficiary.

*Please return this form to the Plan Administrator after you have completed it.*

**Employer Authorization**

Only an authorized signer of the Employer as designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator I hereby acknowledge receipt of this form.

**PLAN ADMINISTRATOR  
PRINT NAME\***

\_\_\_\_\_

**PLAN ADMINISTRATOR**

**SIGNATURE**(must be an authorized signer)\*

\_\_\_\_\_

**DATE**

\_\_\_\_\_

\* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

*The Plan Administrator will maintain possession of this form.*

**Consent of Spouse**

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary(ies) designated on the reverse side of this form by checking box (a).

I have executed this consent this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant's Spouse  
(Must be witnessed by a Plan Representative or a Notary Public)

**Plan Representative**

Signature of spouse witnessed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the presence of:

\_\_\_\_\_  
Plan Representative  
\_\_\_\_\_  
(Print Name)

**OR**

**Notary Public**

STATE OF \_\_\_\_\_  
(ss.)  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

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

My Commission Expires: \_\_\_\_\_

*Please return this form to the Plan Administrator after you have completed it.*

## INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

### General Instruction

These instructions will assist you in properly completing the Primary and Contingent Beneficiary Section(s) of the Designation of Beneficiary Form.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your Beneficiary is not related to you, show relationship as "Friend."
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language similar to the following example:
  - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, to your plan administrator, including any amendments to the Trust.

- (4) If you wish to designate more than one Beneficiary - here are the most common examples:

- Three or more beneficiaries:
  - James O. Jones, brother
  - Paul A. Jones, brother
  - Jane A. Smith, sister
- Unborn children: My children living at my death

**Note:** Unless you provide otherwise in completing the Designation of Beneficiary Form, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.

- (5) Contingent Beneficiaries only receive benefits if all named primary Beneficiaries die before you.

### Spousal Consent

If you are married, the Plan requires payment upon your death of all of your Account balance to your spouse in the form of a pre-retirement survivor annuity, unless you waive that benefit with your spouse's consent on the separate **Waiver of Pre-Retirement Survivor Annuity** form which can be provided by the Plan Administrator. The remaining amount of your Account, if any, will be payable based upon the rules listed below. If your spouse has consented to the waiver of the pre-retirement survivor annuity, then your spouse must also consent to the designation of a non-spouse primary Beneficiary on the **Designation of Beneficiary** Form. Your spouse's consent must be witnessed by a Plan representative or notary public.

- If you want your spouse to receive 100% of your Account balance, then you should designate your spouse as the primary Beneficiary on the Designation of Beneficiary Form. No spousal consent or waiver of the pre-retirement survivor annuity is required. Your spouse will receive a distribution of your entire Account balance in any form of payment allowed by the Plan.
- If you want any portion of your Account balance to be paid to someone other than your spouse, then (1) your spouse must consent to the waiver of the pre-retirement survivor annuity and (2) you must designate the non-spouse Beneficiary on the Designation of Beneficiary Form with the desired percentage and your spouse must consent to this designation.