

**ENROLLMENT/BENEFICIARY DESIGNATION FORM**

**Samuel Merritt College Custom Saver Pension Plan**

**PARTICIPANT INFORMATION**

Last Name		First Name		Middle Initial	
Address			City		State    Zip
			-                      -		/        /
Email		Social Security #		Date of Birth	
Date of Hire					

**CONTRIBUTION ELECTION**

The maximum deferral limits are calendar year limits that include all plans you have participated in during the year (\$15,000 in 2006).

DEFERRAL ELECTION		
<b>PAYROLL PERCENTAGE ELECTION</b>	I elect to defer from each paycheck the following percentage as <i>pre-tax</i> contributions.	%
<b>PAYROLL DOLLAR ELECTION</b>	I elect to defer from each paycheck the following dollar amount as <i>pre-tax</i> contributions.	\$
<b>DECLINE DEFERRAL ELECTION</b>	By checking this box, I elect NOT to make <i>pre-tax</i> contributions until further notice.	<input type="checkbox"/>

**CATCH-UP CONTRIBUTIONS**

Participants who will be age 50 or older this year, may elect to make catch-up contributions. Catch-up contributions are additional amounts (\$5,000 in 2006) that eligible participants may defer. Participants must first reach the maximum deferral limits under the regulations or other limits defined by the plan before any catch-up contributions may be made.

- By checking this box, I am confirming that I will be age 50 or older this year and would like to make catch-up contributions. Furthermore, I confirm that the deferral election made above includes any amounts that I am permitted to designate as catch up contributions.

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**BENEFICIARY DESIGNATION**

\* Note: If you are married, Federal Law requires that your spouse be your primary beneficiary unless spousal consent is provided. If you choose someone other than, or in addition to your spouse as primary beneficiary, a signed, notarized Spousal Consent Form must be presented to waive the survivor benefit provided by the Plan. Contact your Plan Administrator should you require a Spousal Consent Form.

<input type="checkbox"/> <b>Married Participant Naming Spouse as Sole Beneficiary</b>  By checking this box, I hereby certify to the Plan Administrator that I am married and intend to name my spouse as the beneficiary of any benefits payable upon my death. (Complete Standard Beneficiary information below)	<input type="checkbox"/> <b>Married Participant Naming Primary Beneficiary other than Spouse</b>  By checking this box, I hereby certify to the Plan Administrator that I am married and intend to name my primary beneficiary as someone other than my spouse. (Complete Alternate Beneficiary Designation Form)	<input type="checkbox"/> <b>Unmarried Participant</b>  By checking this box, I hereby certify to the Plan Administrator that I am unmarried. (Complete Standard beneficiary information below)
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Primary Beneficiary		
Name:	Relationship:	%
Social Security Number:		
Name:	Relationship:	%
Social Security Number:		
Secondary Beneficiary		
Name:	Relationship:	%
Social Security Number:		
Name:	Relationship:	%
Social Security Number:		

**PARTICIPANT AUTHORIZATION**

I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until a subsequent election is submitted, or as required by law or the Plan. Furthermore, I understand that all benefits and rights to which I am entitled under the Plan will be determined only in accordance with the Plan and Trust Agreement, all amendments thereto, and regulations thereunder. I agree, if more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise.

**Participant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Please keep a copy of this form and forward a copy to your Human Resources Department.