



Personal Information (please print)
Last Name: First Name: M.I.:
My name has changed, it was: SSN:
Address: Phone:
City: State: Zip: Date of Birth:
Date of Hire:

Contributions
I hereby authorize my company to withhold the following salary deferral percentage (0% to 100%) until further notice and remit such amounts to my account administered by the Trustee (100% will be based on available compensation).
% Traditional Pre-Tax Contribution and/or % Roth After-Tax Contribution
*I understand my election regarding the type of deferrals is irrevocable for deferrals already processed. I understand that I have a duty to review my pay records (pay sub, etc.) to confirm the employer properly has implemented my salary reduction election.

Investments
Future Contributions - I hereby direct the future contributions to my retirement plan in the investment options below. Use multiples of 1% that add up to 100%. Please note: If no election is made, your contributions will be invested in the State Bank Wealth Management Managed Balanced Portfolio by default.
State Bank Wealth Management Managed Portfolios (and Rule-of-Thumb Appropriate Age Brackets)
%Income %Income Primary (ages 70 & up) %Balanced (ages 55-70) %Growth Primary (ages 40-55) %Growth (ages under 40)
Mutual Funds Index Mutual Funds
%Federated Capital Preservation (Stable Value) %Vanguard Total Bond Index (VBTLX)
%Virtus Seix Floating Rate (SFRZX) %Vanguard Value Index (VVIAX)
%Vanguard GNMA (VFIJX) %Vanguard 500 Index (VFIAX)
%Metropolitan West Total Return Bond I (MWTIX) %Vanguard Growth Index (VIGAX)
%Thompson Bond (THOPX) %Vanguard Mid Cap Index (VIMAX)
%T. Rowe Price Dividend Growth (PDGIX) %Vanguard Mid Cap Value Index (VMVAX)
%T. Rowe Price Growth (PRUFX) %Vanguard Small Cap Index (VSMAX)
%Baron Growth (BGRIX) %Vanguard Small Cap Value Index (VSIAX)
%WCM Focused International Growth (WCMIX) %Vanguard Total Intl Stock Index (VTIAX)
%Vanguard Small Cap Growth Index (VSGAX)
*Please note: Once enrolled in the plan, you will be making changes to your account balance via www.RetirementFocus.com or the Retirement Focus Account Access System at (888) 917-7107. Future election changes can be made via www.RetirementFocus.com or an election form upon request. The original completed form must be turned into your plan administrator for signature.



Beneficiary Designation

In the event of my death, I hereby authorize and direct that my account balance under this Retirement Plan be distributed to the following Primary Beneficiary(ies). If all of my Primary Beneficiaries die before me, pay my account balance to the Contingent Beneficiaries. *Please note: If none of the beneficiaries survive you, your account balance will be paid to your estate. If neither the Primary or Contingent box is marked, the default will be Primary. If no percentage rate is indicated, the beneficiaries will share equally. (please print)*

Primary	Contingent	Name	SSN or TIN	Relationship	Birth	Address	Share %
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	or <input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Primary's Total = 100%
Contingent's Total = 100%

Please Note:

If you are married and **DO NOT** name your spouse as 100% Primary Beneficiary, your spouse **MUST** complete the following:

I understand I am not the 100% Primary Beneficiary and the information on this form will become effective according to the terms of the Plan. This will continue in effect until my spouse (the participant in this Plan) completes a new beneficiary designation form.

Spouse's Signature

Date

Company Representative Witness or Notary

Date

Signatures

I understand that the information on this form will become effective according to the terms of Plan and will continue in effect until future changes are made by me in writing.

Employee Signature

Date

Company Representative

Date