

EMPLOYEE DIRECTED SALARY DEFERRAL 401(k) PLAN ENROLLMENT FORM

Case Number 361-80365
PAYROLLING.COM

INNOVATIVE PENSION STRATEGY AND DESIGN

Please complete the following accurately. Print clearly. The information you provide should be current. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all sections of the form.

GENERAL INFORMATION

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

ADDRESS

CITY

STATE

ZIP CODE

EMPLOYEE NUMBER

DATE OF HIRE

DATE OF BIRTH

SEX (M or F)

CONTRIBUTION ELECTION

___ I want to make pre-tax salary deferral contributions to the plan. I authorize my employer to deduct ___ .0% or \$ _____ .00 of my salary from each paycheck and to credit that amount to the pre-tax salary deferral portion of my account.

___ I do not wish to contribute to the plan at this time.

SIGNATURE

PARTICIPANT

DATE

****PLEASE NOTE**** Choosing Investment Options is **REQUIRED** even if you decline to contribute.

(Please also fill out the INVESTMENT OPTION ELECTION on next page).

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

INVESTMENT OPTION ELECTION

The following investment allocation will apply to all new money deposited into an existing group annuity or trust contract unless otherwise directed. Monies previously deposited to this contract will not be changed to reflect the selections below. NOTE: In the event of a contract conversion from an existing individual annuity contract or from another group annuity contract or trust agreement, all money previously deposited at Nationwide will be invested pursuant to the selections below. If you have any questions, please consult your plan administrator. All allocations must be made in whole percentages.

I hereby authorize all FUTURE CONTRIBUTIONS be invested as follows:

Risk		Inquire Code	Risk		Inquire Code
I	NW Mny Mkt Prime	____.0% 360	IV	NW Inv Dest Aggr R	____.0% 1843
II	NW Inv Dest Cnsv R	____.0% 1844	IV	NW Inv Dest Mod Aggr R	____.0% 1846
II	NW Inv Dest Mod Cnsv R	____.0% 1847	IV	NW S&P 500 Indx SC	____.0% 356
II	Oppnhmr US Govt Fd A	____.0% 864	IV	Neu Ber Soc Resp Trust	____.0% 839
III	-American Hi Income Tr R3	____.0% 368	IV	Pioneer Eq Income Fd Cls A	____.0% 649
III	NW Dest 2010 R2	____.0% 2077	IV	TRowePr Intl Gr&Inc R	____.0% 1983
III	NW Dest 2015 R2	____.0% 2078	V	-New World Fund R3 Shares	____.0% 708
III	NW Inv Dest Mod R	____.0% 1845	V	-SMALLCAP World Fund R3	____.0% 726
III	NW Rtrmt Inc R2	____.0% 2086	V	BlkRk Hlth Scnc Opp Inv A	____.0% 1795
III	Oakmark Equity & Inc Fd II	____.0% 669	V	Ivy Science and Tech Fnd Y	____.0% 661
III	Opp Strat Inc Fnd Cls A	____.0% 862	V	Janus Adv Forty S	____.0% 984
IV	-Capital Income Builder R3	____.0% 484	V	Janus Adv MdCap Gr S	____.0% 980
IV	-Capital World Gr & Inc R3	____.0% 388	V	NW Dest 2035 R2	____.0% 2082
IV	-Growth Fund of America R3	____.0% 662	V	NW Dest 2040 R2	____.0% 2083
IV	AmCent Inc & Gr A	____.0% 572	V	NW Dest 2045 R2	____.0% 2084
IV	GdmnScs MidCp Value Fd A	____.0% 775	V	NW Dest 2050 R2	____.0% 2085
IV	Janus Adv Bal S	____.0% 983	V	NW MdCap Mkt Indx A	____.0% 968
IV	Jennison Utility Fund Cl A	____.0% 1196	V	Opp Global Fnd Cls A	____.0% 435
IV	Jensn 20/20 Focus Fd A	____.0% 654	V	Oppnhmr SmMdCap Val Fd A	____.0% 860
IV	NW Dest 2020 R2	____.0% 2079	VI	AmCent Hertg A	____.0% 583
IV	NW Dest 2025 R2	____.0% 2080	VI	Dryden GI RealEst A	____.0% 1301
IV	NW Dest 2030 R2	____.0% 2081	VI	Jensn Nat Resources Fd A	____.0% 383
TOTAL				100.0%	

Risk Category Legend: VI - Very High, V - High, IV - Moderate, III - Low, II - Very Low, I - Lowest

Payrolling.com
DESIGNATION OF BENEFICIARY and
NOTICE OF PRE-RETIREMENT SURVIVOR ANNUITY

As a Participant in Payrolling.com 401(k) Plan, the law requires that you be informed as to the disposition of your Account Balance upon your death before retirement.

In the case of your death before the Plan's starting date for benefits, the Plan will pay 100% of your Account Balance to your spouse. However, beginning with the first day of the Plan Year in which you attain age 35 (or upon your termination if you are under age 35), you may elect to waive the requirement that your death benefits be paid to your spouse. Under a special rule, you may waive this requirement before you reach age 35, but if you do, the election will become invalid in the Plan Year in which you turn age 35. You would have to make a new election at that time. Regardless of when the election is made, your spouse must consent in writing before a Plan representative or notary public to any waiver that you elect. Your spouse's consent must acknowledge the specific non-spouse beneficiary.

You may revoke the waiver any time before your death, and, if you desire, make a new election, provided your spouse consents to the new election. If you decide to waive the requirement that your death benefits be paid to your spouse (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions to the Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Administrator of any change in your marital status.

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan. Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation, and, if necessary, designate the following beneficiary:

UNMARRIED PARTICIPANT:

I designate as beneficiary the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Administrator of any change in my marital status.

Designated Beneficiary: _____

MARRIED PARTICIPANT UNDER AGE 35:

I have various choices to make concerning death benefits payable under the Plan. Normally, the law requires that the death benefit under the Plan will be paid to my surviving spouse. However, when I am age 35, I will have the right to designate a beneficiary other than my spouse, provided my spouse consents. Also, when I am 32, the Administrator will provide me with a detailed explanation of my rights regarding the death benefit under the Plan. However, under a special rule, I may designate a beneficiary other than my spouse (provided my spouse agrees), even if I have not yet reached age 35. If I choose to do this though, the waiver will become invalid in the Plan Year in which I turn age 35. I would have to make a new waiver at that time, and get my spouse to consent again. Understanding these various options, I choose to:

keep my spouse as my beneficiary. But if my spouse does not survive me, I name as contingent beneficiary:

MARRIED PARTICIPANT AGE 35 AND OVER:

I have been given a detailed written explanation regarding the beneficiary of my death benefits. I must inform the Administrator of any change in my marital status. Provided no election is made to change my beneficiary (my spouse thereby remains the beneficiary of my death benefit), I hereby designate the following contingent beneficiary if my spouse does not survive me:

I have marked one of the applicable options above.

Date

Administrator

Date Received

Participant

Birth Date

Social Security #