

The Office and Professional Employees Retirement Plan

ENROLLMENT FORM

1. EMPLOYEE INFORMATION (PLEASE PRINT)

Married Not Married

SOCIAL SECURITY NO.: _____ - _____ - _____

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date of Birth: ____/____/____ Date of Hire: ____/____/____

Employer: _____

Email Address: _____

1. PRE-TAX 401(k) CONTRIBUTION

I elect to contribute every pay period the following percentage or amount and understand that I may change this election on the first day of each month. I also understand that I may cancel my election at any time.

I elect to contribute: _____ % or \$ _____ per pay period as a pre-tax 401(k) contribution.

CATCH-UP CONTRIBUTION

Consider making a catch-up contribution: if you will be at least 50 years of age by year end and will contribute the maximum permitted by the plan or will reach the federal limit by year end (\$19,500 in 2020). The maximum catch-up contribution is \$6,500 in 2020. Your catch-up contribution election will carry over from year to year except for one-time contributions. You may change your catch-up contribution election on the first day of each month by completing an enrollment/change form.

I elect to contribute: _____ % or \$ _____ per pay period as a catch-up contribution.

2. INVESTMENT MIX

You will be defaulted into the age appropriate Target Date Fund until or unless you make an affirmative investment election. To select a custom portfolio please call Milliman's Benefit Service Center toll-free number at (866) 767-1212 or go online at www.millimanbenefits.com. If you have not previously logged onto the website you will need to go through a short registration process to establish your account access credentials. For information on the investment options available please refer to the Important Information Regarding Your Plan Investments included in your enrollment package. More information is available at www.millimanbenefits.com.

I choose the following investment options with respect to my Future Contributions to the Plan:

Investment Options	Alloc. Percentage	Investment Options	Alloc. Percentage
01 JPMorgan US Government MMkt In	_____ %	S1 Vanguard Small Cap Growth Index	_____ %
0Z Lord Abbett Floating Rate R6	_____ %	UB American Funds Europacific Grow	_____ %
2E Metropolitan West Total Return BD I	_____ %	VK Vanguard Total Intl Stock Index	_____ %
2P AB High Income Z	_____ %	WT Invesco Oppenheimer Developing	_____ %
31 BlackRock Strategic Income Opps Instl	_____ %	6P BlackRock LifePath Index Retire	_____ %
36 AB Global Bond Z	_____ %	7W BlackRock LifePath Index 2025	_____ %
6N Vanguard LifeStrategy Income I	_____ %	8G BlackRock LifePath Index 2030	_____ %
BE Vanguard LifeStrategy Cnsrv Gr	_____ %	8N BlackRock LifePath Index 2035	_____ %
BP Vanguard LifeStrategy Moderate	_____ %	9C BlackRock LifePath Index 2040	_____ %
BT Vanguard LifeStrategy Growth I	_____ %	9O BlackRock LifePath Index 2045	_____ %
D4 JPMorgan Equity Income R6	_____ %	A4 BlackRock LifePath Index 2050	_____ %
GP Vanguard 500 Index Admiral	_____ %	AS BlackRock LifePath Index 2055	_____ %
IF Fidelity Contrafund	_____ %	AT BlackRock LifePath Index 2060	_____ %
K1 Vanguard Mid-Cap Value Index A	_____ %	AY BlackRock LifePath Index 2065	_____ %
P4 Vanguard Small Cap Value Index	_____ %		
		Total:	100%

Investment elections must be in increments of 1% and together total 100%. If your investment elections do not total 100%, no action will be taken and your form will be returned to you for better instructions.

3. AUTHORIZATION AND SIGNATURE

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in this form. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan.

Employee Signature _____ Date _____

SUBMIT SIGNED FORM TO THE ADMINISTRATION OFFICE AT:

**BENEFIT ADMINISTRATION
COMPANY**

PO BOX 550

Seattle, WA 98111-0550

-OR-

FAX: 206-682-8016

-OR-

EMAIL:

PENSIONCS@BACLINK.COM

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