

# Welcome to A Plus Benefits, Inc. 401(k) Profit Sharing Plan - A Plus Benefits, Inc.

## Enroll today!

You must also complete a **Beneficiary Designation** form.

<b>First Name:</b> _____	<b>Last Name:</b> _____												
<b>Street Address:</b> _____													
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____												
<b>Social Security Number:</b>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					-							
				-									
<b>Date of Birth (MM/DD/YYYY):</b> _____ / _____ / _____													
<b>I elect to contribute the following percentage or amount of my pay in the plan's Default Investment Choice, the Target Date Series that most closely matches a projected retirement age at 65.</b>													
<b>I understand that I can change this election at any time:</b>													
<input type="checkbox"/> 6%      or <input type="checkbox"/> _____%	<input type="checkbox"/> Traditional (Pre-Tax)												
<b>OR</b>	<b>OR</b>												
<input type="checkbox"/> \$ _____	<input type="checkbox"/> Roth (Post-Tax)												
Please note your annual deferral cannot exceed \$18,000 in 2015. Participants age 50 and over can contribute \$24,000.													
<b>Investment Choices</b>													
I understand that the plan offers additional investment choices, listed in the enrollment kit, which I may select from. For detailed investment choice information, refer to your <i>Investment Choices: Performance Overview and Summaries</i> .													

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated above. 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. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the A Plus Benefits, Inc. 401(k) Profit Sharing Plan - A Plus Benefits, Inc.. I understand that certain limitations are imposed on my contributions by federal law and that my contributions may be refunded to comply with these laws. I further agree that neither A Plus Benefits, Inc., the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please return by fax or e-mail to Amy Reynolds at: (801) 769-3364 or 401k@aplusbenefits.com

Social Security number must be completed.

				-			-					
--	--	--	--	---	--	--	---	--	--	--	--	--

## Beneficiary Designation

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designations current. **Submit this completed form to your plan administrator.**

### Beneficiary Designation:

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

**Primary Plan Beneficiary(ies)** - Will receive benefits in the event of your death.  
Percentages below must equal 100% for Primary Beneficiary(ies).

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

**Contingent Plan Beneficiary(ies)** - Will receive benefits if no primary beneficiary is living at the time of your death.  
Percentages below must equal 100% for Contingent(Secondary) Beneficiary(ies), if any.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

**NOTE:** If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature

Signed at [City and State]

Date

Participant Name - Please Print

**Continued »**