

# Enrollment Form

Be sure to include your e-mail, and phone number.

<input type="checkbox"/> Mr.		
<input type="checkbox"/> Mrs.		
<input type="checkbox"/> Ms.	First Name	Last Name
SSN		
Address		
City	State	Zip
Date of Birth	Date of Hire	<b>Heartland Health &amp; Welfare</b> Name of Employer
Phone #	Email Address	

## Salary Deferral Authorization

I elect to contribute the following amount of my eligible compensation per pay period into the 401(k).

_____ %	on a pre-tax basis into the Regular 401(k)
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## Investment Election

Check only one (1) box in the table below. **DO NOT check more than one box.**

<b>PATHWAY 1</b> <b>Managed 401(k) Strategy</b> A professionally managed portfolio based on your risk tolerance.	<b>PATHWAY 2</b> <b>Retirement Date Fund</b> A single mutual fund based on what year you expect to retire	<b>PATHWAY 3</b> <b>Stable Value Option</b> Less volatility but lower expected returns than Pathway 1 or 2
<input type="checkbox"/> Conservative	<input type="checkbox"/> 2010 <input type="checkbox"/> 2040	<input type="checkbox"/> Reliance MetLife Series 25157 Class 0
<input type="checkbox"/> Moderate - Conservative	<input type="checkbox"/> 2020 <input type="checkbox"/> 2045	
<input type="checkbox"/> Moderate	<input type="checkbox"/> 2025 <input type="checkbox"/> 2050	
<input type="checkbox"/> Moderate - Aggressive	<input type="checkbox"/> 2030 <input type="checkbox"/> 2055	
<input type="checkbox"/> Aggressive	<input type="checkbox"/> 2035 <input type="checkbox"/> 2060	

\*Information regarding the asset allocation and the funds used in each Managed 401(k) Strategy can be found on page 12 of the Enrollment Kit

## Participant Signature

This salary deferral authorization and investment election, and the beneficiary designation(s) made on side 2 of this form, are to remain in effect until I provide written notice of changes to the plan administrator.

X \_\_\_\_\_ Date: \_\_\_\_\_

After you complete this form mail it to Financial Freedom House, PO Box 301000, Waterford, MI 48330, or you can fax it to (248) 623-8968 or email it to [Service@FinancialFreedomHouse.com](mailto:Service@FinancialFreedomHouse.com).

# Beneficiary Form

Fill out this form to let us know who gets your money in the event of your premature death.

## Your Personal Information

## Heartland Health & Welfare

Your SSN	Your First Name	Your Last Name
<input type="checkbox"/> I am married		<input type="checkbox"/> I am single

## Primary Beneficiary Designation

- If you are married, you must designate your spouse as the only (100%) primary beneficiary for your account. If you wish to designate someone other than your spouse as primary beneficiary, contact us for the necessary form.
- If you are single, anyone can be your primary beneficiary.

Name of Primary Beneficiary	Date of Birth	Relationship to You	%
			%
Name of Primary Beneficiary	Date of Birth	Relationship to You	%
			%
Name of Primary Beneficiary	Date of Birth	Relationship to You	%
			%

Must add up to 100%

In the event these do not equal 100%, we will allocate the difference to the oldest beneficiary.

## Secondary Beneficiary Designation

- Please indicate who will be your beneficiary in the event your primary beneficiary dies before you.

Name of Secondary Beneficiary	Date of Birth	Relationship to You	%
			%
Name of Secondary Beneficiary	Date of Birth	Relationship to You	%
			%
Name of Secondary Beneficiary	Date of Birth	Relationship to You	%
			%

Must add up to 100%

In the event these do not equal 100%, we will allocate the difference to the oldest beneficiary.

## Participant Signature

I hereby designate the person(s) listed above as beneficiaries of my account in the Plan and revoke any previously signed Beneficiary Designation Form.

X \_\_\_\_\_

Date: \_\_\_\_\_

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