

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	Peoples Food Co-op
		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.**

PATHWAY 1 Managed 401(k) Strategy A professionally managed portfolio based on your risk tolerance.	PATHWAY 2 Retirement Date Fund A single mutual fund based on what year you expect to retire	PATHWAY 3 Stable Value Option 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.

Beneficiary Form

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

Your Personal Information

Peoples Food Co-op

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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