

# Salary Deferral and Investment Change Form

Be sure to update your address, 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	Name of Employer	
Phone #		Email Address	

## Change My Salary Deferral Authorization check if no changes

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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## Change My Investment Election check if no changes

Apply new investment election to both my current balance and future contributions

Only apply to my current account balance

Only apply to my future contributions

## Select Your Investment Pathway

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	

## Participant Signature

This salary deferral authorization and investment election are to remain in effect until I provide written notice to the plan administrator. I acknowledge that I may make investment elections by myself by directly accessing my account online.

**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 Change Form

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

## Your Personal Information

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**. I acknowledge that omitting a current beneficiary from this form will constitute their removal as a primary or secondary beneficiary.

X \_\_\_\_\_

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

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