

# Individual Enrollment For Participation In The amsource Multiple Employer 401(k) Plan

1. Plan Name: \_\_\_\_\_ Contract # \_\_\_\_\_

2. Participant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Funding Options**

The investment options available in our plan are provided by Lincoln National in the Lincoln National Director Annuity Contract. The Director Annuity Contract provides 56 investment options of varying asset class, risk and potential rate of return. The Director Annuity Contract includes multiple fund managers so you can diversify by investment style as well as asset class.

When your employer has notified you that your account has been established at Lincoln National, please refer to the enrollment materials provided to you to select your specific investment allocation percentages. Investment elections can be made in 1% increments. **You must contact Lincoln National at 800-248-0838 or via Internet at <https://lincolnliferfs.iscaccount.com> to make your investment allocations. If you do not contact Lincoln, all funds will be automatically invested in the Short Term Account.**

We have added both the risk tolerance questionnaire and the 401(k) toolbox to our website [www.amsource.net](http://www.amsource.net) for your convenience.

## **THE ELECTIONS OR WAIVER MADE ON THIS FORM SUPERSEDE ANY PRIOR WAIVERS OR ELECTIONS MADE BY ME.**

### **Salary Reduction Agreement**

#### **Pre-Tax**

In accordance with the provisions of the Plan, I hereby authorize the deduction of \_\_\_\_\_ % of my salary for each payroll period to the Plan. I understand that this is subject to terms and conditions of the Plan and applicable regulations and I agree to those terms, conditions and limitations.

### **Waiver of Salary Reduction Agreement**

The provisions of this plan have been explained to me and I elect not to defer any portion of my salary/wages at this time.

### **Beneficiary Designation**

**Married Participant:** If the plan allows for distribution in the form of annuities, I understand that unless I elect otherwise, the death benefit must be paid to my surviving spouse in the form of a qualified pre-retirement survivor annuity. If the plan allows for distributions only in the form of a lump sum, I understand that unless my spouse and I elect otherwise, my benefit will be paid to my surviving spouse. The Plan Administrator will provide me with the forms needed to make the elections.

\_\_\_\_\_  
**Spouse's Name**

\_\_\_\_\_  
**Contingent Beneficiary and Relationship** (the contingent beneficiary is the individual to whom benefits will be paid if there are no surviving Primary Beneficiaries):

**Unmarried Participant:** I hereby designate the following beneficiaries to receive, in the event of my death, the account value of my Plan. I will inform the Plan Administrator of any change in my marital status.

\_\_\_\_\_  
**Primary Beneficiary Designation and Relationship**

\_\_\_\_\_  
**Contingent Beneficiary and Relationship** (the contingent beneficiary is the individual to whom benefits will be paid if there are no surviving Primary Beneficiaries):

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

ALL ELIGIBLE PARTICIPANTS MUST SIGN THIS FORM