

Enrollment Methods

- Retirement Services Online Web site: <https://benefits.paychex.com>
- Employee Services Information Line: **877-244-1771**, retirement services option
- Fill out this form and fax it to: **585-389-7252**

Note: By using either the Web site or Information Line, you do not need to send this form to Paychex, Inc.

Employee Information (All information is required)

Employee Name _____ Social Security Number _____ - _____ - _____
 Company Name _____ Office/Client Number _____ / _____
 Date of Birth ____ / ____ / ____ Date of Hire ____ / ____ / ____ Phone Number (____) _____
 E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Enrollment (Check one box)

If neither box is checked and a deferral field is filled in, you will be enrolled in the plan at the stated amount.

- Yes**, I want to enroll in the plan at this time. I have indicated below the percentage that I want to contribute to the plan through payroll deduction. Deferrals must be in increments of 1% (**non-whole numbers will be rounded down** to the nearest percent).

Pretax Salary Deferral _____

Roth 401(k) Deferral* _____

Pretax Catch-up Deferral** _____

Roth Catch-up Deferral** _____

*Consult with your employer to determine if the Roth 401(k) option is available in your plan. Also, loans and hardship withdrawals will not be issued from your Roth 401(k) balance.

**For catch-up deferrals, you must be eligible to make elective deferrals under your employer's 401(k) plan and have, or will have, attained age 50 before the close of the calendar year. If you have not met the age requirement, you will not be enrolled in catch-up contributions.

Important: All deferrals that you elect in this section will be invested using the same fund allocation percentages that you select in the "Investment Selection" below.

- No**, I do not want to enroll in the plan at this time. My deferral is zero.

Investment Selection

In the "Investment Selection" column, I have entered the percent of my contribution that I want allocated in the fund(s) choices. All contributions elected on this form will be allocated in the fund(s) that I have selected.

I understand the "Investment Selection" and corresponding percentage will remain in effect until I request a change, in accordance with the provisions of the plan. I will receive a confirmation of the requested change.

I understand that if this section is not completed, or if the fund percentages total more than 100%, **that 100% of my contribution will be invested in the participant default fund.***

I understand that if the "Investment Selection" percentages total less than 100%, **the difference will be invested in the participant default fund.***


Prior to requesting any movement of funds, please review the fund prospectus for policies regarding frequent trading and market timing.

You may select any combination in 1% increments totaling 100% (**non-whole numbers will be rounded down** to the nearest percent). These investment selections are for future allocations only and will not impact currently invested funds.

Fidelity Advisors Class T		Investment Selection
30	FA Equity Growth Fund	%
33	FA Dividend Growth Fund	%
34	FA Small Cap Fund	%
36	FA Growth Opportunities Fund	%
38	FA Mid Cap II Fund	%
39	FA Equity Income Fund	%
40	FA Intermediate Bond Fund	%
41	FA Overseas Fund	%
42	FA Strategic Income Fund	%
342	Fidelity Advisor Freedom 2005 T	%
343	Fidelity Advisor Freedom 2010 T	%
344	Fidelity Advisor Freedom 2015 T	%
345	Fidelity Advisor Freedom 2020 T	%
346	Fidelity Advisor Freedom 2025 T	%
347	Fidelity Advisor Freedom 2030 T	%
348	Fidelity Advisor Freedom 2035 T	%
349	Fidelity Advisor Freedom 2040 T	%
350	Fidelity Advisor Freedom Income T	%
6613	FA Government Income Fund	%
7345	Fidelity Advisor Freedom 2045 T	%
7346	Fidelity Advisor Freedom 2050 T	%
3	Prime Fund; Daily Money Class	%
37	FA Balanced Fund*	%
Totals		100%

Authorization and Signature

As a participant in this plan, your employer may provide your investment and plan eligibility information to third parties necessary to administer the plan. I hereby authorize the company to make the necessary payroll deductions from my compensation as indicated above. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the plan.

 **Employee Signature:** _____ **Date:** ____ / ____ / ____