

# CONTEMPORARY NURSING SOLUTIONS 401(K) PLAN

## ENROLLMENT FORM

Name:	SSN:		
Phone Number:	Date of Birth:	Date of Hire:	
Street:	City:	State:	Zip Code:

I, the undersigned, hereby acknowledge receipt of the Summary Plan Description and the availability of the current prospectus and/or fund fact sheet of the mutual fund(s) below and hereby elect to allocate my account as follows. You should select allocation percentage(s) even if you choose not to contribute your own money, as your employer may make contributions for you.

Fund Name	Category/Objective	Ticker	Allocation %
Blackrock 20/80 Target Allocation	Asset Allocation (15-30% equity)	BRCPX	____%
Blackrock 40/60 Target Allocation	Asset Allocation (30-50% equity)	BRMPX	____%
American Funds Balanced	Asset Allocation (50-70% equity)	RLBGX	____%
Putnam Dynamic Asset Allocation Growth	Asset Allocation (70-85% equity)	PAEEX	____%
MetLife Stable Value Fund	Stable Value	n/a	____%
Vanguard Short Term Inv Grade	Short Term Bond	VFSTX	____%
American Funds Mortgage Fund	Intermediate Gov't Bond	RMAGX	____%
Guggenheim Total Return Bond	Intermediate Term Bond	GIBLX	____%
Lord Abbett Core Fixed Income	Intermediate Term Bond	LCRVX	____%
Loomis Sayles Inv Grade Bond	Intermediate Term Bond	LSIIX	____%
Fidelity Capital and Income	High Yield Bond	FAGIX	____%
Pimco Foreign Bond	World Bond	PFRRX	____%
Fidelity New Markets Income	Emerging Markets Bond	FNMIX	____%
Goldman Large Cap Value Insights	Large Cap Value	GCVUX	____%
Schwab S&P 500 Index	Large Cap Blend	SWPPX	____%
Lazard US Equity Concentrated Port.	Large Cap Blend	RLUEX	____%
Fidelity OTC Portfolio	Large Cap Growth	FOCPX	____%
Duetsche Mid Cap Value	Mid Cap Value	MIDUX	____%
Hartford Schroders US Sm/Mid Cap Opport.	Mid Cap Blend	SMDIX	____%
Fidelity Growth Strategies	Mid Cap Growth	FDEGX	____%
Nuveen Small Cap Value	Small Cap Value	FSCWX	____%
Principal Small Cap	Small Cap Blend	PSMLX	____%
Federated MDT Small Cap Growth	Small Cap Growth	QLSGX	____%
Fidelity Int'l Cap Appreciation	Foreign Large Cap Growth	FIVFX	____%
Allianz International Small Cap	Foreign Sm/Mid Growth	AISX	____%
Emerald Banking and Finance	Sector - Financial	FFBFX	____%
Fidelity Select Insurance Portfolio	Sector - Financial	FSPCX	____%
Fidelity Select Biotechnology	Sector - Health	FBIOX	____%
Fidelity Select Software and IT	Sector - Technology	FSCSX	____%
Hennessy Gas Utility	Sector - Utilities	GASFX	____%
Ivy Energy	Sector - Energy	IENRX	____%
Principal Real Estate Securities	Sector - Real Estate	PIREX	____%

= 100%

You should log on to your account at [www.retirementplanners.com](http://www.retirementplanners.com) when your contributions begin so that you can confirm that your personal information and the elections you have made are as you desire. Deposits received prior to receipt of an completed enrollment form will be deposited into the American Funds Balanced fund. Please note that this form will not transfer or reinvest deposits received prior to receipt by RPA of this form.

I authorize my employer to defer \_\_\_\_\_% or \$\_\_\_\_\_ PRE-TAX per paycheck to the 401(k) Plan, not to exceed the maximum dollar limit in effect, including the age 50 catch-up contribution if I am so eligible.

I prefer not to contribute to the plan at this time.

**Your signature and date:**

I, the above signed participant, understand I have a duty to review my pay records (pay stub) to confirm the Employer has properly implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

**RETIREMENT PLAN  
BENEFICIARY DESIGNATION FORM**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, am  married  
 unmarried and, as a participant in the Contemporary Nursing Solutions 401(k) Plan, I hereby designate the following as beneficiary(ies) for payment of death benefits under the Plan (use a separate sheet if necessary with your signature):

Primary: Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ % Address \_\_\_\_\_

Primary: Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ % Address \_\_\_\_\_

Primary: Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ % Address \_\_\_\_\_

Contingent: Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ % Address \_\_\_\_\_

Contingent: Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ % Address \_\_\_\_\_

**NOTE:** If you are married and you wish to designate a beneficiary other than your spouse, your spouse's notarized consent is necessary. If you marry after executing this form, this designation may be ineffective so you should complete a new beneficiary designation form. If you name your spouse as primary beneficiary, your spouse need not sign the form and the form does not need to be notarized.

**SPOUSAL CONSENT:** I consent to this designation of beneficiary, and waive my right to a qualified pre-retirement survivor annuity and to have benefits paid as a qualified joint and survivor annuity in accordance with Internal Revenue Code Section 417(a)(2) and Section 205(c)(2) of the Employee Retirement Income Security Act of 1974. I understand and acknowledge that the effect of this election is that any death benefits payable under the Plan, as an annuity or otherwise, will be paid not to me but to the designated beneficiary.

\_\_\_\_\_  
Signature of Spouse (Must be notarized)

State of \_\_\_\_\_ } County of \_\_\_\_\_ }

The person whose signature is set forth above and who is known to me to be such person appeared before me this day and completed or affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_ Seal:

This designation supersedes any and all prior such designations and is effective upon its execution and delivery to the Trustee as provided by the Plan.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Signature of Participant

RECEIPT: Received by Trustee on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_