

Profit Sharing Plan Account Application

1. EMPLOYEE INFORMATION <i>(Please complete all sections and PRINT legibly)</i>			
Employee Name		Social Security Number	
Street Address		Daytime Phone	Date of Hire
City	State	Zip Code	Date of Birth

2. EMPLOYER INFORMATION			
Employer Name		Employer Contact Name	
Street Address		Contact Phone	
City	State	Zip Code	For Internal Use

3. CONTRIBUTION ELECTION

Indicate the amount of compensation you want to contribute to the Plan each payroll period or check the box if you choose not to contribute at this time.

You may choose a profit-sharing contributions, however the sum of both cannot exceed the annual contribution limit.

Refer to your Plan's contribution limits for additional information.

Profit Sharing contributions: \$_____ *(must be a dollar amount)*

Prior Year contributions: \$_____ *(must be a dollar amount)*

I choose not to contribute at this time. I understand that I may elect to begin contributing on any future date permitted by the Plan.

Contribution Frequency:

Annual Semi Monthly (1st and 15th) Monthly (1st business day of month)

Contribution Amount (select one):

Profit Sharing Contribution Amount \$_____

Contribution Start Date

Indicate Start Month _____ or Start Immediately

Prior Year Contributions Frequency (prior year contributions can be made from January through April)

January February March April

If you are submitting a Contribution by check please make it payable as follows:

Charles Schwab Trust Bank
Custodian for the Profit-Sharing Plan - #107883

Please note the payment must be in the form of a Money Order or Cashier's Check. The Plan does not accept personal checks.

4. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?
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INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Global ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Equity Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
		TOTAL	100%

5. BROKER/DEALER or ADVISOR INFORMATION

If you do not have a Broker/Dealer or Investment Advisor, please leave this section blank.

By this designation, I hereby authorize Touchstone Investments and its Agents to accept instructions from and transmit information to my Broker/Dealer or Investment Advisor concerning my accounts:

Name of Broker/Dealer or Advisor Firm			Dealer Number
Registered Rep Name			Registered Rep Number
Branch Address			Branch Number
City	State	Zip Code	Registered Rep Phone
Dealer's Authorized Signature			Date

Registered Investment Advisors

Firm Name	
Advisor's Name	State
Email Address	

6. BANK INFORMATION

ACH (Automated Clearing House) pull may only be used for contributions. Complete this section if you want your contributions to be taken directly from your bank account.

Bank Name	Bank Phone
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number	Bank Account Number

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7. DESIGNATION OF BENEFICIARY

I hereby designate the following individual(s) as my beneficiary(ies) and request that in the event of my death, my Profit-Sharing Plan account be distributed as indicated below. I hereby revoke all previous beneficiary designations. (Attach additional sheets if necessary.)

Beneficiary Name: Please PRINT		Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:	Date of Birth (Required)
Street Address	City	State	Zip Code Required %
Beneficiary Name: Please PRINT		Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:	Date of Birth (Required)
Street Address	City	State	Zip Code Required %
Beneficiary Name: Please PRINT		Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:	Date of Birth (Required)
Street Address	City	State	Zip Code Required %
Beneficiary Name: Please PRINT		Social Security Number (Required)	
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:	Date of Birth (Required)
Street Address	City	State	Zip Code Required %

Please read and sign below to open your account.

By signing this Application, I certify that I am of legal age, have received and read the current prospectus and Custodial Agreement, and agree to all terms and appoint TI Trust Services, Inc. as Custodian of my account under the Profit-Sharing Plan.

I further certify and agree that my Employer is eligible and is an employer of the type described in section 401(k)(1)(a) of the Internal Revenue Code, as amended.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) that the Internal Revenue Service has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such withholding.

Employee Signature

Date

Send completed form to:

USI Consulting Group
Attn: Touchstone Investments Service Team
95 Glastonbury Blvd., Suite 102
Glastonbury, CT 06033-6503
Phone: (866) 305-8846, Plan Code 656
Fax: (610) 537-2708