

401(k) Program 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. In any year that you are age 50 or older, you may choose to defer up to the additional catch-up contribution limit permitted within the Plan by including that amount in your election.

You may choose both pre-tax and employer contributions, however the sum of both cannot exceed the annual contribution limit.

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

Pre-tax contributions: \$ _____ *(must be a dollar amount)*

Employer 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):

Pre-tax amount \$ _____ **or** Employer 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 401(k) Program - #107881

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

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4. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?

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 401(k) Program 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 401(k) Program.

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 657
Fax: (610) 537-2708

Qualified Retirement Plan

Summary Plan Description

Individual Standardized 401(k) Plan



Individual Standardized 401(k) Plan Summary Plan Description

Plan Name: _____

Your Employer has adopted the qualified retirement plan named above (“the Plan”) to help you and other employees save for retirement.

Your Employer established the Plan by signing a complex legal agreement—the Plan document—which contains all of the provisions that the Internal Revenue Service (IRS) requires. The Plan document must follow certain federal laws and regulations that apply to retirement plans. The Plan document may change as new or revised laws or regulations take effect. Your Employer also has the right to modify certain features of the Plan from time to time. You will be notified about changes affecting your rights under the Plan.

This Summary Plan Description (SPD) summarizes the important features of the Plan document, including your benefits and obligations under the Plan. If you want more detailed information about certain Plan features or have questions about the information contained in this SPD, you should contact your Employer. You may also see a copy of the Plan document by making arrangements with your Employer. Certain terms in the SPD have a special meaning when used in the Plan. These terms are capitalized throughout the SPD and are defined in more detail in the DEFINITIONS section of the SPD. If any information in this SPD conflicts with the terms of the Plan document adopted by your Employer, the terms of the Plan document—not this SPD—will apply.

This SPD summarizes features of your Employer’s current Plan document. If you receive this SPD because the Plan is being restated (updated), please note that some provisions from prior versions of your Employer’s Plan document may continue to apply to some of the assets under the Plan. In addition, some provisions under this Plan document may have special effective dates. A summary of any prior plan provisions or special effective dates (and who is affected by these special provisions) is listed in the section titled ADMINISTRATIVE INFORMATION AND RIGHTS UNDER ERISA.

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Eligibility

Q1. Am I eligible to participate in the Plan?

You will be eligible to participate in the Plan after meeting certain age and service requirements described in Question 2 below. However, if you are covered by a collective bargaining agreement (e.g., union agreement) and your exclusion from coverage under this Plan was part of the negotiated agreement, or you are a nonresident alien and received no income from within the United States, you will be excluded from the Plan. If you became an employee as a result of a recent merger, acquisition, or similar transaction, you will not be eligible to participate in the Plan during a transition period covering the Plan Year in which the transaction occurred and the following Plan Year.

Q2. What requirements do I have to meet before I am eligible to participate in the Plan?

You will generally become eligible to participate in the Plan after you meet the age and service requirements listed below.

Age: _____

Eligibility Service:

- No eligibility service requirements apply.
- You must complete _____ consecutive months of eligibility service.
- You must complete _____ years of eligibility service.

Your initial eligibility measuring period will be the 12-month period beginning with your hire date. If you do not satisfy the eligibility requirements during that first measuring period, eligibility will be calculated based on the Plan Year.

You will be credited with a year of eligibility service if you work 1,000 hours during the eligibility measuring period. You will need to work 500 hours to avoid a break in eligibility service.

These service requirements will will not apply to you, and you will be eligible to enter the Plan on the next entry date if you were employed by the Employer when this Plan became effective on _____. If the Plan document is being amended or restated on to a new Plan document and you were eligible to participate in the prior plan, you will continue to be eligible to participate in this Plan without satisfying any additional age or service requirements.

Q3. When can I enter the Plan?

Once you have met any age and service requirements indicated above, you will enter the Plan the next semi-annual entry date (the first day of the Plan Year and the first day of the seventh month of the Plan Year).

Q4. What happens to my Plan eligibility if I terminate my employment and am later rehired?

Once you meet the eligibility requirements and enter the Plan, you will continue to participate while you are still employed by the Employer, even if you have a break in eligibility service. If you had not yet met the eligibility requirements and had a break in eligibility service, the periods before your break in service will not be taken into account and you will have to satisfy the eligibility requirements following your break in service. Periods during which you have a break in eligibility service will not count against you if you were absent because you were pregnant, had a child or adopted a child, were serving in the military, or provided certain service during a national emergency (and re-employment is protected under federal or state law), and you start working again for your same Employer within the time required by law.

If you had met the eligibility requirements and were a Participant in the Plan before terminating employment or having a break in eligibility service, and are later rehired, you will enter the Plan immediately.

Q5. Once I am a Plan Participant, what must I do to continue to participate in the Plan?

You will continue to participate in the Plan as long as you do not have a break in service. A break in service is a 12-consecutive month period during which you fail to work more than the minimum number of Hours of Service indicated in Question 2. But no break in service will occur if the reason you did not work more than the required number of hours was because of certain absences due to birth of a child, pregnancy or adoption of children, military service or other service during a national emergency during which your re-employment is protected under a federal or state law and you do, in fact, return to your employment within the time required by law.

Contributions and Vesting

Q1. What amount can I contribute to the Plan?

Yes No *Employee Deferrals*

If “Yes” is selected, you will be able to contribute a portion of your Compensation as a Deferral once you have met the eligibility requirements and enter the Plan. The Plan allows you to make the following types of Deferral contributions.

Pre-tax Deferral

The amount of your Compensation that you decide to defer into the Plan will be contributed on a pre-tax basis. If you make pre-tax Deferrals, that means that, unlike the compensation that you actually receive, the pre-tax contribution (and all of the earnings accumulated while it is invested in the Plan) will not be taxed at the time it is paid by your Employer. Instead, it will be taxable to you when you take a payout from the Plan. These contributions will reduce your taxable income each year you make a contribution but will be treated as compensation for Social Security taxes.

Example: Your Compensation is \$25,000 per year. You decide to contribute 5% of your Compensation into the Plan as a pre-tax Deferral. Your Employer will pay you \$23,750 as gross taxable income and will deposit \$1,250 (5%) into the Plan. You will not pay taxes on the \$1,250 (plus earnings on the \$1,250) until you withdraw it from the Plan.

If you have the choice of treating your Deferrals as Roth Deferrals rather than as pre-tax Deferrals, and you choose the Roth Deferral option, Roth Deferrals are contributed to the Plan from amounts that have already been treated as taxable income. Roth Deferrals will not reduce your taxable income in the year in which you contribute a portion of your Compensation into the Plan. The benefit of making Roth contributions comes when you take a payout from the Plan—when both the original contributions and your earnings on those contributions are paid out tax free so long as you meet certain requirements for a qualified payout.

Example: Your Compensation is \$25,000 per year. You decide to contribute 5% of your Compensation into the Plan as a Roth Deferral. Your Employer will pay you \$23,750 as income and will deposit \$1,250 (5%) into the Plan. You will include the entire \$25,000 in your income for the year it was earned even though you didn’t receive the \$1,250 that was contributed to the Plan. When you withdraw the \$1,250 contribution from the Plan, it will be tax-free (along with all of the earnings that have accumulated on that contribution if you take a qualified payout). (For more information regarding qualified payouts from Roth Deferrals, please refer to the DISTRIBUTIONS AND LOANS section of the Summary Plan Description.) The earnings will not be taxed if you take a qualified distribution.

Deferrals (and the related earnings) are always fully vested and cannot be forfeited. So if you were to leave your Employer, you would be entitled to the full Deferral balance (plus earnings).

Your Employer allows you to contribute any dollar amount or percentage of your Compensation up to the limits permitted by the law and regulations governing 401(k) plans. The maximum dollar amount that you can contribute to the Plan each year is \$15,500 (for 2008) and includes contributions you make to other deferral plans (for example, other 401(k) plans, salary deferral SEP plans, 403(b) tax-sheltered annuity plans). This amount will increase as the cost-of-living increases. Both pre-tax Deferrals and Roth Deferrals are taken into account when calculating this limit. Your Employer may further limit the amount that you can contribute to the Plan to help the Plan satisfy certain Plan testing requirements. Your Employer will notify you if you are a Highly Compensated Employee and subject to these special limits.

Q2. How do I start making contributions?

To begin deferring a portion of your Compensation into the Plan, you must complete a Deferral election form or follow another Deferral election process provided to you by your Employer.

Q3. What if I don't make a specific election to contribute some of my Compensation into the Plan?

You are not required to defer a portion of your Compensation into the Plan. If you elect 0% on the Deferral election form or using some other procedure established by your Employer (or you simply fail to make a Deferral election), you will not be enrolled in the Plan as a deferring Participant (that is, 0% of your Compensation will be deferred into the Plan).

Q4. Can I change my contribution rate or stop making Deferrals after I start participating in the Plan?

You may change the amount you are deferring into the Plan or stop making Deferrals altogether by submitting a new Deferral election form or notifying your Employer of your desire to change your Deferral rate using another method approved by your Employer (such as internet, telephone voice response system).

You may change the amount of your Deferrals at the times designated by your Employer. You will generally need to notify your Employer, in writing, at least 30-days before you wish to stop making Deferrals unless your Employer designates a different time period or procedure. Once you have stopped your Deferrals, you may begin deferring a portion of your Compensation into the Plan as a Deferral again on the first day of the next Plan Year and the first day of the seventh month of the next Plan Year unless your Employer decides to allow more frequent options. If the Plan allows you to make Roth Deferrals, you may also change the amount of your Deferrals that are characterized as pre-tax versus Roth Deferrals at the times designated by your Employer. This change will apply only to new Deferrals and will not change the tax character of Deferrals already contributed to the Plan.

Q5. What if I contribute too much to the Plan?

If you contribute too much to the Plan as a Deferral, you must take the excess amount (plus any earnings on the excess) out of the Plan by April 15 of the year following the year the money was contributed to the Plan. You must notify your Employer, in writing, of the excess amount by March 1. The excess amount is taxable to you in the year you contributed it to the Plan. If you do not remove it by the deadline, additional taxes will apply.

If you are a Highly Compensated Employee, the Deferrals that you and all other Highly Compensated Employees contribute to the Plan will be compared with the Deferrals of employees who are not highly compensated. If Deferrals of the Highly Compensated Employees exceed certain limits, a portion of your Deferrals may be returned to you. Your Employer will notify you if you are affected by these rules.

Q6. Will my Employer make Contributions to the Plan?

Your Employer may choose to make Employer Contributions to the Plan. The amount of any Employer Contributions, if any, will be determined by your Employer from year to year. To qualify to receive an Employer Contribution for a Plan Year you must meet the age and Years of Service requirements selected in question 2 of the ELIGIBILITY section of this Summary Plan Description and must either work 500 hours during the Plan Year or be employed on the last day of the Plan Year.

If your Employer elects to make an Employer Contribution, it will be allocated using a pro rata formula. Under this formula the Employer's contribution is divided among all eligible Plan Participants based on their Compensation as compared to all eligible Participants' Compensation.

Q7. Will my Employer make any other types of contributions to the Plan on my behalf?

If more than 60% of the assets in the Plan are held by Key Employees, your Employer may need to make an additional contribution for Participants who are not Key Employees.

Q8. If I have money in other retirement plans, can I combine them with my dollars under this Plan?

Your Employer may allow you to roll over dollars you have saved in qualified plans, 403(b) annuity contract, eligible plans under Code Section 457(b) and IRAs into this Plan unless you are part of any excluded class of employees. The Plan will accept both rollovers paid directly from the distributing plan to this Plan and rollovers distributed to you and then deposited into this Plan through an indirect rollover procedure. Nondeductible Employee Contributions and Roth Deferrals may not be rolled into this Plan. Your Employer will provide you with the forms or information needed to determine whether your prior plan balance is qualified to be rolled over into this Plan and whether you meet the eligibility requirements for a rollover. You are always 100% vested in your rollover contributions.

Your Employer may allow you to transfer dollars you have saved in other retirement arrangements into this Plan unless you are part of any excluded class of employees. Your Employer will provide you with the forms or information needed to determine whether your prior plan balance is qualified to be transferred into this Plan. You are always 100% vested in your transfer contributions.

Q9. Are there any limits on how much can be contributed for me?

In addition to the Deferral limit described previously, you may not have total contributions of more than \$46,000 (in 2008) or an amount equal to 100% of your Compensation, whichever is less, allocated to the Plan for your benefit each year. The \$46,000 limit will increase as the cost-of-living increases and does not include age 50 catch-up contributions.

Q10. Will contributions be made for me if I am called to military service?

If you are reemployed by your Employer after completing military service, you may be entitled to receive certain make-up contributions from your Employer. If your Plan permits Deferrals, you may also have the option of making up missed employee contributions. If you are reemployed after military service, contact your Plan Administrator for more information about your options under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994.

Q11. Will I be able to keep my Employer contributions if I terminate employment or am no longer eligible to participate in the Plan?

Like the amounts that you contribute to the Plan as Deferrals, any contributions that you receive from your Employer will always be 100% vested and cannot be forfeited, even if you terminate employment or become ineligible to participate in the Plan.

Distributions and Loans

Q1. Can I withdraw money from the Plan while I am still employed?

The Plan is designed to help you build an account that will help support you during your retirement years. However, you will be able to take certain distributions from the Plan while you are still working for your Employer as indicated below.

In-Service Distributions

You may request a distribution of your rollover and transfer contributions at any time. You may also request a distribution of your Deferrals when you die, you become Disabled, the Plan terminates, or you reach age 59½.

Generally, you may not take a distribution of any Employer Contributions made to the Plan on your behalf if you are still employed unless you have participated in the Plan for at least five years or the amounts being paid out have been in the Plan for at least two years. You may, however, request a distribution when you reach Normal Retirement Age, become Disabled, reach age 59½, or when the Plan is terminated.

Hardship Distributions

If you experience a financial hardship, you may request a distribution of the vested portion of any of your Plan balance, regardless of the original source of the contributions.

The types of expenses that would qualify for a hardship distribution include medical expenses for you, your spouse or your dependents; payment to purchase your principal residence; tuition and education-related expenses for you, your spouse or your dependents; payments to prevent eviction from your principal residence; funeral expenses for you, your spouse, or your dependents; payments to repair your principal residence that would qualify for a casualty loss deduction. Your Employer may modify the list of events that qualify for a hardship distribution when Employer Contributions are being used to satisfy your hardship request.

Before you take a hardship distribution, you must take all other distributions and all nontaxable loans available to you under the Plan. If you take a hardship distribution of Deferrals, you will not be eligible to make Deferrals for the next six months. If you are under age 59½, the amount you take out of the Plan as a hardship distribution that is taken from pre-tax sources (like pre-tax Deferrals or Employer Contributions) will be taxable to you and will generally be subject to a 10% penalty tax.

Q2. What money is available once I terminate my employment?

Once you are no longer working for the Employer, you may access the vested portion of your entire balance in the Plan.

Q3. How do I request a payout?

You (or your beneficiary) must complete a payout form that is provided by or approved by your Employer or follow other procedures defined by your Employer for processing distributions. Your distribution will begin as soon as administratively feasible following your request for a distribution.

If you are taking a hardship distribution, you must provide documents to verify that you have a hardship event that qualifies for a Plan distribution.

Q4. If I am married, does my spouse have to approve my distributions from the Plan?

You are not required to get consent from your spouse in order to take a payout or loan from the Plan. However, your spouse must be your beneficiary under the Plan unless your spouse provides written consent to designate a different beneficiary.

Q5. How will my money be distributed to me if I request a payout from the Plan?

You may choose to take your payout as a lump sum, in partial payments, in installment payments, or in the form of an annuity contract (other than a life annuity). If your distribution is eligible to be rolled over, you may choose to have your distribution paid to another eligible retirement arrangement. Contact your Employer for the documentation and procedures that apply to rollovers.

Q6. Do any penalties or restrictions apply to my payouts?

Generally, if you take a payout from the Plan before you are age 59½, a 10% early distribution penalty will apply to the taxable portion of your payout. There are some exceptions to the 10% penalty. Your tax advisor can assist you in determining whether you qualify for a penalty exception.

If your payout is eligible to be rolled over and you take the payout rather than rolling it over to another retirement arrangement, 20% of the taxable portion of your payout will be withheld and sent to the IRS as a credit toward the taxes you will owe on the payout amount.

Example: You request a \$10,000 payout from your Plan balance. If the amount is eligible to be rolled over to another plan, but you choose not to roll it over, you will receive \$8,000 and \$2,000 will be sent to the IRS.

If you have made Roth Deferrals into the Plan, each distribution will consist of a portion of your after-tax Roth Deferrals and a portion of the earnings attributable to the Roth Deferrals (which have not been taxed). The earnings will be included in income and generally subject to the 10% early distribution penalty unless you are eligible to take a qualified Roth distribution. You may take a qualified Roth distribution only if at least five years have passed since you first began making Roth Deferrals and you take the distribution because you reach age 59½, you become Disabled, or you die and the payment is being made to your beneficiary.

Q7. Can I take a loan from the Plan?

- No. Your Plan is designed to help you save for retirement and does not allow you to take a loan from your account under the Plan. If "No" is selected, the remainder of this Question 7 and Questions 8 and 9 below do not apply to the Plan.
- Yes. Although the Plan is designed primarily to help you save for retirement, you may take a loan from the Plan if the loan is used for
 - any purpose.
 - to purchase your principal residence.
 - to pay for post-secondary tuition for you or your immediate family.
 - to pay medical expenses for you or your immediate family.
 - to pay rent or mortgage payments to prevent eviction or foreclosure from your principal residence.
 - to pay funeral expenses.
 - to pay uninsured damage to your principal residence.
 - other _____.

You will be permitted to have only one loan outstanding at any time.

The maximum loan amount available to you will be

- \$50,000 or one-half of your vested balance in the Plan, whichever is less.
- other _____.

No loans will be issued for less than \$ 1,000.00. A portion of your Plan balance will be pledged as security for your loan.

The original effective date of the loan program is _____.

Q8. How do I apply for a loan?

To apply for a loan you must complete and submit the loan application provided (or approved) by your Employer and pay any applicable loan fees.

Your Employer will administer the loan program and will consider the following when reviewing your loan request.

- The vested portion of your account
- Other _____.

The interest rate for your loan will be computed using the

- prime rate (as specified in the Wall Street Journal).
- prime rate (as specified in the Wall Street Journal) plus 1.00 %.
- other _____.

Q9. What if I don't repay my loan?

You will be required to repay the loan amount (plus interest) to the Plan. If you default on the loan, you will be taxed on the amount of the outstanding loan balance and will be subject to a 10% penalty if you are under age 59½. The following events will cause a loan default:

- Not repaying your loan as set forth in your loan agreement.
- Breaching any of your other obligations under your loan agreement.
- Other _____.

If you terminate employment while you have a loan, you must generally repay the loan immediately to avoid a loan default.

Q10. What if I die before receiving all of my money from the Plan?

If you die before taking all of your assets from the Plan, the remaining balance will be paid to your designated beneficiary. If you do not name a beneficiary and you are married, your spouse will be your beneficiary. If you do not name a beneficiary and you are not married, your remaining balance in the Plan will be paid to your estate.

To designate your beneficiary, you must complete the beneficiary designation form or follow alternate procedures established by your Employer. If you are married and decide to name someone other than your spouse as your beneficiary, your spouse must consent in writing to your designation. It is important to review your designation from time to time and update it if your circumstances change (e.g., a divorce, death of a named beneficiary).

Your beneficiary will generally have the same options regarding the form of the distribution that are available to you as a Participant. If the Plan is subject to the spousal consent requirements, however, and the balance is greater than \$5,000, your beneficiary may be required to take the payouts in the form of a life annuity, unless the annuity has been properly waived by you (and your spouse, if applicable) during your lifetime. Your beneficiary may also have the option of rolling their distribution into an IRA.

If you die after beginning age 70½ distributions, as described in the following question, your beneficiary must continue taking annual distributions from the Plan at least annually. If you die before beginning age 70½ payments, your beneficiary may have the option of (1) taking annual payments beginning the year following your death (or the year you would have reached age 70½, if your spouse is your beneficiary), or (2) delaying their distribution until the year containing the fifth anniversary of your death, provided they take the entire amount remaining amount during that fifth year.

Q11. How long can I leave my money in the Plan?

How long you can leave your money in the Plan varies depending on your Plan balance and whether you are still employed.

Cashouts at Termination of Employment

If your vested balance at the time you terminate from employment is less than \$1,000, you must take it out of the Plan when you terminate employment. If you do not tell your Employer what to do with your account under the Plan (e.g., roll it over to an IRA), your Employer will distribute your Plan account as a lump sum. If your balance is greater than \$1,000, even if you terminate service, you are not required to take a payout from the Plan until the age 70½ required distribution rules apply to you. Rollover Contributions will be included in determining your balance for these cashout purposes. If you have both pre-tax Deferrals and Roth Deferrals in the Plan, special calculation rules for determining the amount to be rolled over may apply.

Age 70½ Required Distributions

When you reach age 70½ you will generally need to begin taking a portion of your balance out of the Plan each year. If you continue to work for your Employer after age 70½, however, you may delay required distributions until you actually stop working for your Employer, unless you own more than 5% of the Employer. If you own more than 5% of the Employer, you will need to begin taking payments at age 70½ even if you are still employed. The annual required distribution amount is generally based on your account balance divided by a life expectancy factor outlined in retirement plan regulations.

Q12. What if the Plan is terminated?

If the Plan is terminated, you will be required to take your entire account balance from the Plan.

Investing Your Plan Account

Q1. What investments are permitted under the Plan?

Your Employer (or someone appointed by your Employer) will select a list of investments that will be available under the Plan. The list of Plan investments may change from time to time as your Employer considers appropriate investment alternatives. You should carefully review the investment prospectus or other available information before making your investment selections. Contact your Employer if you are not certain whether a particular investment is permitted under the Plan.

Life insurance investments will will not be available under the Plan.

Q2. Am I responsible for selecting the investments for my account under the Plan?

You have the right to decide how some or all of your Plan account will be invested. Your Employer will establish administrative procedures that you must follow to select your investments. If you do not select investments for your Plan account, the Employer will determine how your account will be invested. Your Employer will provide you information regarding the range of permissible investments. Contact your Employer if you are not certain whether a particular investment is permitted under the Plan.

Your Employer intends to operate this Plan in compliance with Section 404(c) of the Employee Retirement Income Security Act (ERISA), and Title 29 of the Code of Federal Regulations Section 2550.404c-1. This means that your Employer and others in charge of the Plan will not be responsible for any losses that result from investment instructions given by you or your beneficiary.

Q3. How frequently can I change my investment elections?

You may change your investment selections at times designated by your Employer.

Administrative Information and Rights Under Erisa

Q1. Who established the Plan?

The official name of the Plan is _____ .

The Employer who adopted the Plan is _____ .

Federal Tax Identification Number: _____

Fiscal Year End: _____

Business Address: _____

Business Telephone Number: _____

Plan Number: _____

Additional Employers that share common ownership with your Employer will also be included in the Plan. You may obtain a complete list of other Employers adopting the Plan by submitting a written request to your Employer.

The Plan trustee(s) is:

Trustee Name: _____

Title: _____

Business Address: _____

Business Telephone: _____

Trustee Name: _____

Title: _____

Business Address: _____

Business Telephone: _____

Trustee Name: _____

Title: _____

Business Address: _____

Business Telephone: _____

This Plan is a 401(k) defined contribution plan, which means that contributions to the Plan made on your behalf (and earnings) will be separately accounted for within the Plan.

Q2. When did the Plan become effective?

New Plan

The effective date of the Plan is _____ .

Amendment & Restatement of a Prior Plan

Your Employer has amended and restated the Plan, which was originally adopted on _____ .

The effective date of this amended Plan is _____ .

Special Effective Dates

If this option is selected, certain features of the Plan take effect on the dates listed below rather than on the general Plan effective date listed above.

Q3. Who is responsible for the day-to-day operations of the Plan?

Your Employer is responsible for the day-to-day administration of the Plan unless a Plan Administrator is appointed below.

Appointed Plan Administrator

Your Employer has appointed the following Plan Administrator to handle the day-to-day operation of the Plan.

Plan Administrator Name: _____

Business Address: _____

Business Telephone: _____

To assist in operating the Plan efficiently and accurately, your Employer may appoint additional persons or organizations to act on its behalf or to perform certain functions. References to Employer in this Summary Plan Description will include the Plan Administrator named above.

Q4. Who pays the expenses for operating the Plan?

All reasonable Plan administration expenses, including those involved in retaining necessary professional assistance, may be paid from the assets of the Plan. These expenses may be allocated among you and all other Plan Participants or, for expenses directly related to you, charged against your account balance. Examples of expenses that may be directly related to you include fees for processing your distributions or loans (if applicable), processing qualified domestic relations orders, and processing your Plan investment direction, if applicable. Finally, the Employer may, in its discretion, pay any or all of these expenses. For example, the Employer may pay expenses for current employees, but may deduct the expenses of former employees directly from their accounts. Your Employer will provide you with a summary of all Plan expenses and the method of payment of the expenses upon request.

Q5. Does my Employer have the right to change the Plan?

The Plan will be amended from time to time to incorporate changes required by the law and regulations governing retirement plans. Your Employer also has the right to amend the Plan to add new features or to change or eliminate various provisions. An Employer cannot amend the Plan to take away or reduce protected benefits under the Plan (for example, the Employer cannot reduce the vesting percentage that applies to your current balance in the Plan).

Your Employer has elected to retain the following provisions from prior versions of the Plan for certain Plan assets.

Q6. Does participation in the Plan provide any legal rights regarding my employment?

The Plan does not intend to provide, and does not provide, any additional rights to employment or constitute a contract for your employment. The purpose of the Summary Plan Description is to help you understand how the Plan operates and the benefits available to you under the Plan. The Plan document is the legal document that controls the operation of (and rights granted under) the Plan. If there are any inconsistencies between this Summary Plan Description and the Plan document, the Plan document will be followed.

Q7. Can creditors or other individuals request a payout from my Plan balance?

Creditors (other than the IRS) and others generally may not request a distribution from your Plan balance. One major exception to this rule is that your Employer may distribute or reallocate your benefits in response to a qualified domestic relations order. A qualified domestic relations order is an order or decree issued by a court that requires you to pay child support or alimony or to give a portion of your Plan account to an ex-spouse or legally separated spouse. Your Employer will review the order to ensure that it meets certain criteria before any money is paid from your account. You (or your beneficiary) may obtain, at no charge, a copy of the procedures your Employer will use for reviewing and qualifying domestic relations orders.

Q8. How do I file a claim?

To claim a benefit that you are entitled to under the Plan, you must file a written request with your Employer. The claim must set forth the reasons you believe you are eligible to receive benefits and you must authorize the Employer to conduct any necessary examinations and take the steps to evaluate your claim.

Q9. What if my claim is denied?

Except as described below, if your claim is denied, your Employer will provide you (or your beneficiary) with a written notice of the denial within 90 days of the date your claim was filed. This notice will give you the specific reasons for the denial, the specific provisions of the Plan upon which the denial is based, and an explanation of the procedures for appeal.

In the case of a claim for disability benefits, if the Employer is making a determination of whether you are Disabled, you will be notified of a denial of your claim within a reasonable amount of time, but not later than 45 days after the Plan receives your claim. The 45-day time period may be extended by the Plan for up to 30 days if the Employer determines that an extension is necessary due to matters beyond the control of the Plan. The Employer will notify you, before the end of the 45-day period, of the reason(s) for the extension and the date by which the Plan expects to make a decision regarding your claim.

If, before the end of the 30-day extension, your Employer determines that, due to matters beyond the control of the Plan, a decision regarding your claim cannot be made within the 30-day extension, the period for making the decision may be extended for an additional 30 days, provided that your Employer notifies you, before the end of the first 30-day extension, of the circumstances requiring the additional extension and the date as of which the Plan expects to make a decision. The notice will specifically explain the standards on which the approval of your claim will be based, the unresolved issues that prevent a decision on your claim, and the additional information needed to resolve those issues. You will have at least 45 days within which to provide the specified information.

The period of time within which approval or denial of your claim is required to be made generally begins at the time your claim is filed. If the period of time is extended because you fail to submit information necessary to decide your claim, the period for approving or denying your claim will not include the period of time between the date on which the notification of the extension is sent to you and the date on which you provide the additional information.

Your Employer will provide you with written or electronic notification if your claim is denied. The notification will provide the following:

- i. The specific reason or reasons for the denial;
- ii. Reference to the specific section of the Plan on which the denial is based;
- iii. A description of any additional information that you must provide before the claim may continue to be processed and an explanation of why such information is necessary;
- iv. A description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) following a claim denial on review; and
- v. In the case of a Plan providing disability benefits, if your Employer used an internal rule or guideline in denying your claim, either 1) the specific rule or guideline, or a statement that the rule or guideline was relied upon in denying your claim, and that 2) a copy of the rule or guideline will be provided free of charge to you upon request.
- vi. If the claim denial is based on a medical necessity, experimental treatment, or similar situation, either an explanation of the scientific or clinical basis for the denial, applying the terms of the Plan to your medical circumstances, or a statement that an explanation will be provided free of charge upon request.

Q10. May I appeal the decision of the Employer?

You or your beneficiary will have 60 days from the date you receive the notice of claim denial in which to appeal your Employer's decision. You may request that the review be in the nature of a hearing and an attorney may represent you.

However, in the case of a claim for disability benefits, if your Employer is deciding whether you are Disabled under the terms of the Plan, you will have at least 180 days following receipt of notification of a claim denial within which to appeal your Employer's decision.

You may submit written comments, documents, records, and other information relating to your claim. In addition, you will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information pertaining to your claim.

Your appeal will take into account all comments, documents, records, and other information submitted by you relating to the claim, even if the information was not included originally.

If the claim is for disability benefits:

- i. Your claim will be reviewed independent of your original claim and will be conducted by a named fiduciary of the Plan other than the individual who denied your original claim or any of his or her employees.
- ii. In deciding an appeal of a claim denial that is based in whole or in part on a medical judgment, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- iii. Your Employer will provide you with the name(s) of the health care professional(s) who was consulted in connection with your original claim, even if the claim denial was not based on his or her advice. The health care professional consulted for purposes of your appeal will not be the same person or any of his or her employees.
- iv. You will be notified of the outcome of your appeal no later than 45 days after receipt of your request for the appeal, unless the Employer determines that special circumstances require an extension of time for processing the claim. If your Employer determines that an extension is required, written notice of the extension will be provided to you before the end of the initial 45-day period. The notice will identify the special circumstances requiring an extension and the date by which the Plan expects to make a decision regarding your claim.

Your Employer will provide you with written or electronic notification of the final outcome of your claim. The notification will include:

- i. A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim;
- ii. A statement describing any additional voluntary appeal procedures offered by the Plan, your right to obtain the information about such procedures, and a statement of your right to bring an action under Section 502(a) of ERISA; and
- iii. If the Employer used an internal rule or guideline in denying your claim, either 1) the specific rule or guideline, or a statement that the rule or guideline was relied upon in denying your claim, and 2) that a copy of the rule or guideline will be provided free of charge to you upon request.
- iv. If the claim denial is based on a medical necessity, experimental treatment, or similar situation, either an explanation of the scientific or clinical basis for the denial, applying the terms of the Plan to your medical circumstances, or a statement that an explanation will be provided free of charge upon request.

Q11. If I need to take legal action that involves the Plan, who is the agent for service of legal process?

The person who can be served with legal papers regarding the Plan is

Name: _____

Address: _____

Your Employer and the Plan trustee(s) can also be served with required legal documents.

Q12. If the Plan terminates, does the federal government insure my benefits under the Plan?

If the Plan terminates, you will become fully vested in your entire balance under the Plan, even though you would not otherwise have a sufficient number of years of vesting service to be 100% vested in your balance. You will be entitled to take your entire balance from the Plan following termination.

The type of plan in which you participate is not insured by the Pension Benefit Guarantee Corporation, the government agency that insures certain pension plan benefits upon plan termination.

Q13. What are my legal rights and protections under the Plan?

As a Participant in this Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan Participants shall be entitled to do the following.

Receive Information About Your Plan and Benefits

1. Examine, without charge, at the Employer's office and at other specified locations, such as worksites and union halls, all Plan documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
2. Obtain, upon request to the Employer, copies of documents governing the operations of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description (SPD). The Employer may charge a reasonable fee for the copies.
3. Receive a summary of the Plan's annual financial report. The Employer is required by law to furnish each Participant with a copy of this Summary Annual Report.
4. Obtain, once a year, a statement of the total pension benefits accrued and the vested pension benefits (if any) or the earliest date on which benefits will become vested. The Plan may require a written request for this statement, but it must provide the statement free of charge.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you may take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Employer to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Employer. If you have a claim for benefits which is denied, or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay the costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Employer. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Employer, you should contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Further, if this Plan is maintained by more than one Employer, you may obtain a complete list of all such Employers by making a written request to your Employer.

Definitions

Compensation - Generally the amount of your earnings from your Employer taken into account under the Plan is all earnings reported to you on Form W-2. Compensation will include certain amounts that are not included in your taxable income that were deferred under a cafeteria plan, a 401(k) plan, a salary deferral SEP plan, a 403(b) tax-sheltered annuity plan, a 457 deferred compensation plan of a state or local government or tax-exempt employer, or transportation fringe benefits.

If you receive payments from your Employer within 2½ months after severing your employment, any regular pay for services you performed before severance will be included in Compensation. However, unused accrued sick, vacation or other leave that you are entitled to cash out and amounts received under a nonqualified unfunded deferred compensation program will be excluded from Compensation. Amounts deemed to be compensation that relate to an automatic enrollment cafeteria plan where you fail to provide proof of insurance will also be excluded when determining your Compensation.

The measuring period for Compensation will be the Plan Year unless a different measuring period is required by law or regulations (e.g., certain compliance tests). Generally, only Compensation paid to an employee after becoming a Participant will be considered. The maximum amount of a Participant's Compensation that will be taken into account under the Plan is \$230,000 (for 2008). This amount will increase as the cost-of-living increases.

Deferrals - Deferrals are the dollars you choose to contribute to the Plan through payroll deduction. If your Employer permits Roth contributions in the Plan, the term Deferral will refer to contributions that you make either on a pre-tax basis or as a Roth after-tax contribution.

Disabled - You will be considered Disabled if you cannot engage in any substantial, gainful activity because of a medically determined physical or mental impairment that is expected to last at least 12 months.

Employer - The Employer who adopted this Plan is_____. Your Employer will also serve as the Plan Administrator, as defined in ERISA, who is responsible for the day-to-day operations and decisions regarding the Plan, unless a separate Plan Administrator is appointed for all or some of the Plan responsibilities. The term Employer, as used in this Summary Plan Description, will also mean Plan Administrator, as that term is used in ERISA.

Employer Contribution - Your Employer may choose to make Employer Contributions for Participants who meet the Employer Contribution eligibility requirements. Your eligibility to receive Employer Contributions is not dependent upon whether you make Deferrals.

Highly Compensated Employee - A Highly Compensated Employee is any employee who

- 1) was more than a 5% owner at any time during the year or the previous year, or
- 2) for the previous year had Compensation from the Employer greater than \$105,000 (for 2008). This amount will increase as the cost-of-living increases.

Hour of Service - Service will be measured based on actual hours for which you are entitled to pay.

Key Employee - Any employee in the current year or previous year who is

- 1) an officer of the Employer whose annual Compensation is greater than \$150,000 (for 2008),
- 2) a more than 5% owner of the Employer, or
- 3) a more than 1% owner of the Employer who has Compensation of more than \$150,000 will be classified as a Key Employee.

The \$150,000 amount for officers will increase as the cost-of-living increases.

Nondeductible Employee Contribution - Nondeductible Employee Contributions are amounts you contributed to a prior Plan on an after-tax basis. The earnings on these contributions accumulate tax-free until paid out of the plan. The Plan does not allow you to contribute, transfer or roll over Nondeductible Employee Contributions to this Plan.

Normal Retirement Age - Age 59½ is the Normal Retirement Age under the Plan.

Participant - An employee of the Employer who has satisfied the eligibility requirements and entered the Plan.

Plan - The Plan described in this Summary Plan Description is the .

Plan Administrator - Your Employer is responsible for the day-to-day administration of the Plan unless an appointed Plan Administrator is named below. To assist in operating the Plan efficiently and accurately, your Employer may appoint others to act on its behalf or to perform certain functions. References to Employer in this Summary Plan Description will include any appointed Plan Administrator named below.

Appointed Plan Administrator Name: _____

Business Address: _____

Business Telephone: _____

To assist in operating the Plan efficiently and accurately, your Employer may appoint additional persons or organizations to act on its behalf or to perform certain functions. References to Employer in this Summary Plan Description will include the Plan Administrator named above.

Plan Year - The Plan Year is the 12-month period ending on _____, which coincides with your Employer's tax year.

Investors should carefully consider a Fund's investment objectives, risks, charges and expenses before investing. The prospectus, containing this and other important information, can be obtained from your financial adviser, from the SunAmerica Sales Desk at 800-858-8850, ext. 6003, or at www.sunamericafunds.com. Read the prospectus carefully before investing.

Funds distributed by SunAmerica Capital Services, Inc.



**SunAmerica
Mutual Funds**

401(k) Program Salary Deferral Agreement

Instructions: Only use this form if you already completed an Account Application.

Employee Information (Please complete all sections.)			
Employee Name		Social Security Number	
Street Address	Daytime Phone	Date of Hire	
City	State	Zip Code	Date of Birth
Employer Name and Address			

Check one: New Agreement Change to previous Agreement

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. In any year that you are age 50 or older, you may choose to defer up to the additional catch-up contribution limit permitted within the Plan by including that amount in your election.

You may choose both pre-tax and employer contributions, however the sum of both cannot exceed the annual contribution limit.

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

Pre-tax contributions: \$ _____ (must be a dollar amount)

Employer 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):

Pre-tax amount \$ _____ **or** Employer 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

401(k) Program Salary Deferral Agreement

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

Charles Schwab Trust Bank
Custodian for the 401(k) Program - #107881

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

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

Employee Acknowledgement

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Employer or its designee if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Employer or its designee will treat my failure to report any withholding errors for any payroll 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.

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 657
Fax: (610) 537-2708

401(k) Program

Direct Rollover Instructions

The information below provides instructions for rolling balances from prior employers' retirement accounts or Individual Retirement Accounts (IRAs) into the above-named program.

1	USI Consulting Group (USICG) is providing you with these instructions and the attached Rollover Certification form to help facilitate your rollover into your current employer's retirement plan from your prior retirement plan or IRA service provider.
2	Please contact your prior service provider and ask if they require that your rollover request be submitted by form or on-line. If by form, have them send you the necessary paperwork, fill it out completely and follow their instructions to submit the request for a rollover. If your rollover distribution is required to be done on-line, ask them for the instructions to complete the request and then submit it.
3	<p>When completing your rollover form or processing your distribution request on-line, please instruct your prior service provider to <u>mail the rollover check to you, made payable as follows:</u></p> <p style="text-align: center;">Charles Schwab Trust Bank <i>Custodian for the 401(k) Program - #107881</i> f/b/o [Your Name and Last 4 digits of SSN]</p> <p>Please be sure the plan name is included on the check, either as part of the payable line or in the reference field.</p>
4	<p>When you receive your rollover check from your prior service provider, please complete the Rollover Certification form attached to this instruction sheet. Make copies of the check and Rollover Certification form for your records, then submit the check and the form to your current employer by delivering in person or sending to the address on the bottom of the Rollover Certification form so that your rollover may be processed.</p> <p>NOTE: Part 2 of the Rollover Certification form requires you to provide documentation of the source of your rollover, such as a copy of a form 1099R, distribution statement, plan statement or letter from your prior plan. You must include such documentation with your check and form.</p>
5	Please call the Touchstone Investments Service Team at (866) 305-8846 and enter Plan Code 657 if you need additional assistance. We are available Monday through Friday from 8:00 am to 5:00 pm EST.

**** To prevent any delays in processing, please PRINT clearly and be sure your forms are complete ****

401(k) Program Rollover Certification

Complete this form if you wish to have a prior employer plan account balance directly rolled into the 401(k) Program. If you do not currently have an account established under the 401(k) Program, you must submit a completed Account Application along with this Rollover Certification form.

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

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

3. ROLLOVER ELECTION

I elect to roll \$ _____ into the 401(k) Program (the "Program"). Attached is a check for this amount.

I understand that:

- (1) The Program is not legally required to accept a rollover.
- (2) If the Program accepts my rollover, once deposited with the Program, the rollover amount is subject to the rules of the Program concerning rollover contributions.
- (3) The amount I roll over may be subject to different tax treatment when it is ultimately distributed from the Program.

The rules regarding taxation of distributions from your rollover account are complex and vary according to your individual circumstances. You should consult with a tax advisor to determine the tax implications of your rollover.

I hereby request that the funds from my prior plan or IRA be accepted by the Custodian of the Program on my behalf, as a rollover contribution as that term is defined in the Program. I have attached either a Form 1099-R, a distribution statement, my last participant statement, or a letter from the prior plan or program in support of my request.

4. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?
--

I hereby direct the Custodian of the Program to invest my rollover contributions in accordance with my current investment elections. If I do not have current investment elections in effect, or I wish to invest my rollover in a different manner, I hereby direct the Custodian to invest my rollover contributions in the following manner:

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. EMPLOYEE AUTHORIZATION

I understand that once rolled over into the 401(k) Program, my Account is subject to the terms of the Plan document. I further understand that it will be invested in accordance with my investment elections or as designated above and that I may change my investment elections at any time in accordance Program procedures.

I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of Employee

Date

6. USICG OFFICE USE ONLY

USICG Authorization

Date

Send completed form to:

USI Consulting Group
Attn: Touchstone Investments Service Team
95 Glastonbury Blvd, Suite 102
Glastonbury, CT 06033
Phone: (866) 305-8846, Plan Code 657