

401K ENROLLMENT FORM

Calhoun County Savings Plan

Plan #201443

EMPLOYEE INFORMATION *(please print)*

(SS# is a required field)

Name:		SS#:
Address:		
City:	State:	Zip:
Date of Birth:	Date of Hire:	Division:

CONTRIBUTION ELECTION:

I authorize my employer to deduct from my eligible compensation the percentage I enter on a before-tax basis and to contribute that amount to the plan on my behalf (enter an amount from 1% to 100%) ____%. If I am eligible to make a Catch-Up Contribution, I authorize my employer to treat any amount of my before-tax contributions that exceeds any statutory (or plan) limits as Catch-Up Contributions to the extent such contributions do not exceed the applicable statutory Catch-Up Contribution limit.

I do not wish to contribute to the Plan at this time.

Investment Elections must be made by calling Merrill Lynch at 1-800-229-9040 or by accessing our Benefits OnLine website: www.Benefits.ML.com. If you fail to make an investment selection, your contributions will be fully invested in the default fund chosen by your Plan Sponsor.

AVAILABLE FUNDS:

Invesco Stable Value Ret CL 4
Calamos International Growth
American Growth Fund of America R3
Columbia Marsico Focused Equity Fund A
JPMorgan US Equity Fund
Eaton Vance Lg-Cap Value Fund A
Wells Fargo Precious Metal Fund
Alliance Bernstein Small Cap Fund
Allianz NFJ Sm-Cap Value
Blackrock Global Allocation Fund A
Blackrock Healthcare Fund A
Retirement Bank Account
S&P 500 Stock Fund I
Prudential Jennison Mid Cap

Virtus Real Estate Secur Fund
PIMCO Total Return Fund A
Ivy High Income Fund
MFS International Value Fund
Columbia Seligman Comm Fund A
American Cent Gov Bd Fund Adv Cl
The Oakmark Eq & Inc Fund Cl II
John Hancock Disciplined Value Mid Cap

GOAL MANAGER MODELS:

Conservative Model
Conservative to Moderate Model
Moderate Model
Moderate to Aggressive Model
Aggressive Model

AUTHORIZATION:

My signature will serve as authorization for this and all future telephone or on-line transactions I make to my accounts.

EMPLOYEE SIGNATURE

___/___/___
DATE

FOR ADMINISTRATIVE USE ONLY:

PLAN ADMINISTRATOR'S SIGNATURE

___/___/___
DATE

___/___/___
DATE FIRST ELIGIBLE