

ENROLLMENT/CHANGE INVESTMENT ELECTION FORM

Plan Name: Favorite Healthcare Staffing 401(k) Retirement Plan

Location Name: _____ Location ID: _____ Ref. No. 7512

How To	<input type="checkbox"/> To Enroll: Complete All Sections <i>(Plan Sponsor: Send to CPI if checked above.)</i>	<input type="checkbox"/> To Decline Enrollment: Complete Sections A, C and D <input type="checkbox"/> To Change Contribution Percentage: Complete Sections A, C and D <i>(Plan Sponsor: Keep for your records if checked above. Do not send to CPI.)</i>
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Section A	Your Info	<p>Please type or print clearly</p> <div style="text-align: center; margin-bottom: 10px;"> - - </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 15%; border-bottom: 1px solid black;">First Name</td> <td style="width: 15%; border-bottom: 1px solid black;">M. I.</td> <td style="width: 37%; border-bottom: 1px solid black;">Social Security Number (SSN)</td> </tr> </table>	Last Name	First Name	M. I.	Social Security Number (SSN)
Last Name	First Name	M. I.	Social Security Number (SSN)			

Section B	Your Investment Direction *Initial Enrollment Only	<p>I direct that all future contributions be invested in the following funds. If incomplete, contributions will be invested in the Life Cycle fund that is closest to your assumed retirement age (see the funds listed below noted with a "D") until a new election is completed through the IVR or web site. Failure to complete this section is deemed to be a 100% election in the applicable Life Cycle fund. For purposes of the Life Cycle funds, your assumed retirement age is 65.</p> <p>Enter <u>WHOLE</u> percentages in multiples of 1% (i.e. 10%, 25%, 50%). Do not use decimals or fractions. Elections <u>must</u> total 100%.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: center;">%</th> <th style="width: 45%; text-align: center;">Fund Name</th> <th style="width: 10%; text-align: center;">%</th> <th style="width: 35%; text-align: center;">Fund Name</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">AIM Cash Reserves A</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Columbia Small Cap Index A</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">American Growth Fund of America R3</td> <td style="border-bottom: 1px solid black; text-align: center;">D</td> <td style="border-bottom: 1px solid black;">American 2010 Target Date Retirement R3</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Pioneer Mid-Cap Value A</td> <td style="border-bottom: 1px solid black; 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margin-top: 10px;"> <p>100% Fund elections MUST TOTAL 100%</p> </div> <p><i>*This election applies to new contributions only and will not affect the investment of existing assets or assets that are "mapped" during a conversion from a prior record keeper.</i></p>	%	Fund Name	%	Fund Name		AIM Cash Reserves A		Columbia Small Cap Index A		American Growth Fund of America R3	D	American 2010 Target Date Retirement R3		Pioneer Mid-Cap Value A	D	American 2015 Target Date Retirement R3		Munder Mid-Cap Core Growth A	D	American 2020 Target Date Retirement R3		AIM Small Cap Equity A	D	American 2025 Target Date Retirement R3		American Balanced R3	D	American 2030 Target Date Retirement R3		American EuroPacific Growth R3	D	American 2035 Target Date Retirement R3		Franklin Total Return A	D	American 2040 Target Date Retirement R3		Oppenheimer Value A	D	American 2045 Target Date Retirement R3		Oppenheimer Capital Appreciation A	D	American 2050 Target Date Retirement R3		Oppenheimer Main Street Opportunity A		Oppenheimer International Diversified A		Oppenheimer Small & Mid Cap Value A		Pioneer Global High Yield A		Columbia Large Cap Index A		Pioneer Cullen Value A		Columbia Mid Cap Index A		
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Section C	Your Election	<p><input type="checkbox"/> Salary Deferral - I instruct my employer to deduct _____% of my pay on a pre-tax basis each pay period for investment in my account. (In the space provided, enter a whole percentage in an amount permitted by the Plan, as described in the Plan Highlights.) To decline participation, enter 0%.</p> <p><i>Please refer to your Summary Plan Description (SPD) and Plan Highlights, which will describe any maximum limits on the amount you may contribute that apply to your plan either based on the plan's provisions or under the law. Your employer may restrict the frequency with which you may change this election. Please check with your Plan Representative to see if there are any restrictions.</i></p>
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Section D	Sign	<p>By signing this form, I have authorized the Employer to deduct the amount elected, I from my paycheck and transmit the funds to the investment funds indicated. I certify that I have received the prospectuses for the mutual funds I have chosen to invest in above.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"></td> <td style="width: 40%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Participant</td> <td style="text-align: center;">Date</td> </tr> </table>			Participant	Date
Participant	Date					

BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)
DO NOT SEND TO CPI

Plan Name: Favorite Healthcare Staffing 401(k) Retirement Plan

Location Name: _____ Location ID: _____ Ref. No. 7512

Your Info	Please type or print clearly			
	Last Name	First Name	M. I.	Social Security Number (SSN)

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If this beneficiary designation form is not completed, either a prior designation or the Plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

Beneficiary #1	Name	Date of Birth	Relationship	SSN	Percent
	Primary #1 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Beneficiary #2	Name	Date of Birth	Relationship	SSN	Percent
	Primary #2 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Beneficiary #3	Name	Date of Birth	Relationship	SSN	Percent
	Primary #3 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Consent	If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a Plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.	
	I consent to the beneficiary designation above: _____	_____
	Signature of Participant's Spouse	Date

This instrument was signed before me on _____	_____	_____
Date	Date	Plan Representative or Notary Public

Sign	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____	_____
	Participant	Date