

ENROLLMENT FORM

Social Security Number

Plan Number:

47935

Plan Name: **The Churchill Benefit Corporation 401(k) Savings Plan**

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Date of Birth: Date of Hire:

I want to: (Select one) ☐ Enroll ☐ Re-Enroll ☐ Waive my right to make pretax contributions at this time

Pretax Contribution Information

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: _____%.

(Your election should not exceed 20% of your eligible Compensation. Your total pretax contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)

Signatures

I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I change or revoke it or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated above and to make a contribution to the Plan on my behalf. I understand that I have the right to obtain a prospectus for more information about the Plan's investment options by contacting Fidelity at 1-800-835-5097.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR _____ **DATE** _____

Note: The Plan Administrator must provide the information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

For Plan Administrator Use Only:	Participation Date:	_____	Vesting Date:	_____
	Years of Service:	_____		
	Employee No.:	_____	Division:	_____

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DESIGNATION OF BENEFICIARY FORM

Plan Name: **The Churchill Benefit Corporation 401(k) Savings Plan**

Plan Number: **47935**

Social Security Number _____ - _____ - _____

Participant Information

Note: *The accompanying instructions are an integral part of this form and you should use them to assist you.*

Name:

Last

First

Middle Initial

Address:

Street

City

State

Zip

Marital Status:

Single

☐

Married

☐

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary

In the event that there are no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Relationship to Participant: _____

Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Signatures

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

(NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.)

Please return this form to the Plan Administrator after you have completed it.

PARTICIPANT

DATE

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR _____

DATE _____

Note: The Plan Administrator will maintain possession of this form.

If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

☐ (a) I understand I must sign a new consent to the new designation for it to be effective.

☐ (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse

(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____
(ss.)

COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

My Commission Expires: _____