

Enrollment Form Carolina Meadows 403(b) Plan

Partic	cipant Information	MI Last			
Social Se	ecurity #	NII Edst		•	
Address _					
City			State	Zip	
Home Ph	ione			•	
Date of F	Tire Date of	of Birth		_	
Doform	ral Election				
By makin date as de	ng this election I understand that efined by the plan, or I am declin and contribute this amount to the p	ing to defer comp			
	PRE-TAX DEFER			ROTH CONTRIBUTE	
	\$ per pay period		\$	per pay period	
	I decline to participate in the pla	n at this time			
	and that my salary reduction amond that I can change my rate of co				tax is withheld. I
Invest	ment Election				
and you invested investme	ant notice of default election- do not specify your desired inv into your plans default investr nt instructions are received. Fund s executed even if future direction	vestment allocation ment option and ds invested in the	on below, your will continue default option v	future contributions will a to be invested according will remain in this option u	automatically be ly until specific antil a valid fund
Investme	ent Options:				
below th	have my contributions invested en it will be deemed that I have d in the preceding paragraph:				
Drefus 10	00% US Treasury Money Mkt	%	MFS Internation	onal Value A	%
Franklin	Limited Maturity US Govt	%	MFS Research	International R4	%
Dreyfus l	Bond Market Index	%	Franklin Mutu	al Global Discovery	%
MFS Infl	ation Adjusted Bond R4	%	Oppenheimer l	Developing Markets A	%
Principal	High Yield II	%	Ivy Science &		%
	d Equity-Income	%	Nuveen Real F	Estate Securities	%
Vanguaro	d 500 Index	%	Vanguard Hea	lth Care	%
Franklin	Growth	%	Pimco Low Du	ıration	%
Perkins N	Mid Cap Value	%	Pimco Short T		%
Fidelity S	Spartan Extended Market Index	%	Verity Core M	odel	%
	Midcap A	%	Verity Modera		%
	npen Small Cap Value	%	Verity Aggress		%
	d Small Cap Index	%		Core Composite	%
	Small Company A	%		_	
	·	-	· · · · · · · · · · · · · · · · · · ·		-

All elections must be in no less than 1% increments. The total election must equal 100% .

In accordance with the terms of the plan the employer may amend or revoke this agreement at any time if it is determined necessary to do so in order to comply with the law and regulations applicable to qualified plans.

Participants Signature	Date	