

Strategic Retirement Advisors

Account Application/Enrollment Form and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form and sign it on the back. Once your account is established, you can submit a Workplace Savings Plan Contribution Form (Salary Reduction Agreement) to your employer who can then forward contributions to your account. Please contact SRA, your employer, or your tax advisor to determine your maximum allowable contribution.

Moving assets from an existing plan: To consolidate/move money to your employer-sponsored retirement savings account, please contact SRA at (888) 234-6425.

Fees: Your account may be subject to a quarterly asset-based fee.

Instructions:

Return this form to your employer or return to
SRA by email at mick@total457.com or fax to: (888) 640-0739

Questions? Call Strategic Retirement Advisors at **(888) 234-6425** Monday through Friday, from 8:00 am to 5:00 pm PST, excluding holidays that the New York Stock Exchange is closed, or visit us at **www.total457.com**.

2. SELECTING YOUR INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options available for investment under your plan. Please ensure that your allocations total 100%, for example, 50% for your first, 30% for your second, and 20% for your third fund choice. If your percentages do not add up to 100% or you select an unavailable investment option, your contribution will be invested in an investment option according to your plan rules.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application. The fund code can be found in your investment options brochure.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two contingent beneficiaries. The beneficiaries designated on this form will apply to all the plans named in Section 1. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to SRA or your Human Resources department.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiaries who survive you. If a percentage is indicated and a primary beneficiary does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiaries in proportion to the percentage selected for them.

4. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires you to designate that your spouse receives 50% or more of your vested account balance in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

5. AUTHORIZATION

Please provide your signature.

Strategic Retirement Advisors, LLC

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1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- OR U.S. Tax ID #: --

Date of Birth: -- Date of Hire: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail Address:

Name of Employer:

Plan Numbers (if known): Employer City/State:

Employer Zip (if known):

If Plan Number is not known—Please select the Employer Plan Types for which you are enrolling (select all that apply):

☐ 403(b) ☐ 401(a) ☐ 401(k) ☐ 457(b)

If the plan number is known and conflicts with a plan type selected, the plan number will dictate any type indicated herein.

I am: ☐ Single OR ☐ Married Name of Site/Division:

2. SELECTING YOUR INVESTMENT OPTIONS

☐ Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:

Fund Name:

Percentage:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>
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<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

Total = 100%

3. DESIGNATING YOUR BENEFICIARY (IES)

☐ Please check here if you have more than two primary or two contingent beneficiaries.

The beneficiaries designated below shall apply to all the plan numbers named in Section 1. If you do not list plan numbers, this designation will apply to all retirement plans of the employer named in Section 1, when SRA record keeps beneficiary designations.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual:	OR	Trust Name:
<input type="text"/>		<input type="text"/>
Social Security Number:	OR	U.S. Tax ID Number:
<input type="text"/>		<input type="text"/>
Date of Birth or Trust Date:		Relationship to Applicant:
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
2. Individual:	OR	Trust Name:
<input type="text"/>		<input type="text"/>
Social Security Number:	OR	U.S. Tax ID Number:
<input type="text"/>		<input type="text"/>
Date of Birth or Trust Date:		Relationship to Applicant:
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
		Total = 100%

Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual:	OR	Trust Name:
<input type="text"/>		<input type="text"/>
Social Security Number:	OR	U.S. Tax ID Number:
<input type="text"/>		<input type="text"/>
Date of Birth or Trust Date:		Relationship to Applicant:
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
2. Individual:	OR	Trust Name:
<input type="text"/>		<input type="text"/>
Social Security Number:	OR	U.S. Tax ID Number:
<input type="text"/>		<input type="text"/>
Date of Birth or Trust Date:		Relationship to Applicant:
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
		Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

4. SPOUSAL CONSENT

I am the spouse of the participant named in Section 1.

By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public or if allowed by plan, a plan representative.

Signature of Participant's Spouse:

Date:

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To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Sworn before me this day

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In the State of

County of

Notary Public Signature:

Notary stamp must be in the above box

My Commission Expires:

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As plan representative, I witnessed the spouse signing this form:

Date:

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5. AUTHORIZATION AND SIGNATURE

Individual Authorization:

By executing this form

- I certify under penalties of perjury that my Social Security or U.S. Tax Identification number in Section 1 on this form is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- I recognize that mutual funds shares are not backed or guaranteed by any bank or insured by the FDIC.
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the Plan.
- I understand that my account may be subject to a quarterly asset-based fee.

Your Signature:

Date:

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☐ Check this box if you are signing this form as an attorney-in-fact under a power of attorney.

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Strategic Retirement Advisors, LLC

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