

PUEBLO OF SANTA ANA PROFIT SHARING 401(K) PLAN PARTICIPANT ENROLLMENT ELECTION FORM (ALL EMPLOYEES MUST COMPLETE)

1. EMPLOYEE INFORMATION:

Name - (Last) _____ (First) _____ (Middle Initial) _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Social Security #: _____ - _____ - _____ Location of Employment: _____

Date of Birth: _____ Date of Hire: _____

2. ENROLLMENT ELECTION:

- _____ Yes, I wish to enroll in the 401(k) and the Profit Sharing Plan. (Complete Sections 3, 4 and 5)
 _____ No I do not wish to enroll in the 401(k) Plan at this time. (Complete Sections 4 and 5)
 _____ I wish to CHANGE my current elections. (Complete Sections 3, 4 and 5)
 _____ I wish to DISCONTINUE my contributions at this time. (Complete Section 5)

3. SALARY DEFERRAL CONTRIBUTION ELECTION:

I choose to have the following percentage deducted from my pay each payroll period (before income tax is computed) and contributed to the Pueblo of Santa Ana 401(k) Plan. The total amount to be deducted from my paycheck will be ____% per pay period (must be in whole percentages).

4. INVESTMENT ALLOCATION:

I direct that the above-referenced salary deferral contributions and any employer matching/profit sharing contributions, if any, be split among the investment fund(s) listed below in the percentages indicated (May be as low as 1% increments).

-----*Model Asset Allocation Strategies*-----

Name of Fund (Check# or complete Other)	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>	#3 <input type="checkbox"/>	#4 <input type="checkbox"/>	#5 <input type="checkbox"/>	#6 <input type="checkbox"/>	OTHER
PW TRUST GIC	70%	31%	14%	--	--	--	
PW TRUST STRATEGIC BOND	8%	30%	30%	27%	13%	--	
PW TRUST STRATEGIC BALANCED	6%	6%	10%	15%	10%	--	
PW TRUST CONSERVATIVE EQUITY	8%	11%	14%	16%	18%	25%	
PW TRUST LARGE COMPANY GROWTH	8%	10%	13%	12%	12%	16%	
PW TRUST AGGRESSIVE GROWTH	--	--	0%	4%	5%	8%	
PW TRUST SMALL COMPANY GROWTH	--	5%	7%	9%	17%	21%	
PW TRUST OVERSEAS EQUITY	--	7%	12%	17%	25%	30%	
TOTAL (Must Equal 100%)	100%	100%	100%	100%	100%	100%	100%

5. SIGNATURE:

I understand that the personal information entered here will be used to enroll me in the Pueblo of Santa Ana 401(k) Plan. I also understand that Payroll will begin processing my Salary Deferral contributions as soon as administratively possible.

Employee Signature

Date

Received By (Plan Representative)

Date

Pueblo of Santa Ana Profit Sharing and 401(k) Plan
BENEFICIARY DESIGNATION

Complete this form to designate beneficiaries who will receive your vested benefits in the event of your death. If you are married, your spouse is automatically your primary beneficiary and is awarded 100 percent of your death benefits. If you are married and elect a beneficiary other than your spouse, your spouse must complete section C.

A. Participant Information

Name (First)	(MI)	(Last)	Social Security Number	Employee Number
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No			Change in Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Beneficiary Designation

In the event your primary beneficiary(ies) are not living at the time of your death, your death benefits will be paid to your secondary beneficiary(ies). If a beneficiary who is entitled to receive benefits is not living at the time of your death, then their benefits will be divided proportionately among the remaining beneficiary(ies). If proportions aren't indicated, or don't total 100 percent, benefits will be paid in equal shares. If no designated beneficiary survives you, your undistributed interest shall be paid as provided in the Plan.

Primary Beneficiary(ies) (If you are married and elect a primary beneficiary other than your spouse, your spouse must provide consent in section C.)

Full Name	Social Security Number	Relationship	Birth Date (month, day, year)	Proportion
_____	_____	_____	/ /	%
_____	_____	_____	/ /	%
_____	_____	_____	/ /	%

Total 100%

Secondary Beneficiary(ies)

Full Name	Social Security Number	Relationship	Birth Date (month, day, year)	Proportion
_____	_____	_____	/ /	%
_____	_____	_____	/ /	%
_____	_____	_____	/ /	%

Total 100%

C. Spousal Consent

I, _____, spouse of the participant, certify that I have read this beneficiary designation and fully understand that by consenting to a beneficiary other than myself, I may never receive any benefits under this Plan. I certify that my signature is being witnessed by a notary public.

Spouse's Signature _____ Date _____

State of _____ County of _____

On this ____ day of _____, 200____, before me personally appeared _____, to me known to be the spouse described in the "spousal consent" above, and who executed the same. Witness my hand and official seal.

Notary Public _____

D. Participant's Signature

I hereby revoke all previous designations of beneficiary for this Plan. I certify that the information in section A is correct, and reserve the right to change my beneficiary designation at any time by completing a new form and filing it with Pueblo Of Santa Ana.

Participant's Signature _____ Date _____