



**LEXINGTON RETIREMENT PLAN
ELECTION/CHANGE FORM**

ABOUT YOU

- I am enrolling for the first time. I am changing my previous enrollment form.

Name: _____ Social Security Number: _____
Last First Middle Initial

Employee ID#: _____ Telephone #: _____

Address: _____
Street City State Zip Code

Date of Birth: _____

START/CHANGE CONTRIBUTION

The following will take effect the next payroll as long as this form is turned in to Human Resources no later than the Monday on the pay week.

- I elect to contribute the following amount from my pay on a **pre-tax basis** (check a savings percentage):
 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% _____% per paycheck
- I elect to contribute the following amount from my pay on an **after-tax basis** (check a savings percentage):
 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% _____% per paycheck
- I elect to stop contributing to the plan at this time.
- I elect not to contribute.

YOUR APPROVAL

I have elected my savings percentage and investment funds on my own initiative. I recognize that the Company makes no guarantee against loss due to market price fluctuations. I hereby authorize the above change to the future contributions and/or current investments.

Participant's Signature: _____ Date: _____

Plan Administrator's Signature: _____ Date: _____

Note: Beneficiary Designation Form is on reverse side of this form.



401(k) BENEFICIARY INFORMATION

If you die, your account balance will be paid to the following beneficiaries. Please indicate the percentage of your account for each beneficiary listed, with the primary beneficiary total adding to 100%.

Beneficiary Name(s):

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Primary Contingent Percent _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Primary Contingent Percent _____

Date: _____ Employee's Signature: _____
(If you want to list additional beneficiaries, please attach a list with percentage amounts.)

SPOUSAL CONSENT

If the beneficiary is a non-spouse, you must either certify below that you are not married or have your spouse consent to your beneficiary designation. In order for the consent to be valid, your spouse's signature must be notarized. A consent by a spouse to a non-spouse beneficiary is only valid for that spouse. Should you remarry, you will need to complete another beneficiary designation. **The consequences of not obtaining your spouse's consent is that your spouse will receive your account balance upon your death regardless of this beneficiary designation.**

- I have designated a non-spouse as my beneficiary and hereby certify I am not married.
- I have designated a non-spouse as my beneficiary and my spouse hereby consents to this beneficiary designation.

I have read the above designation made by my spouse and acknowledge that: (1) it designates a beneficiary other than me to receive some or all of the benefits payable under the plan; (2) the above designation is permitted only with my consent; and (3) if an estate or trust is named, I might not receive benefits. I understand that my consent may not be revoked.

Spouse's Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____ My Commission Expires: _____

PARTICIPANT CERTIFICATION

I hereby certify to the above and revoke all beneficiary designations previously made by me and expressly reserve the right to change or revoke this designation. I understand that any change in this designation can only be made by my filing a new, signed Beneficiary Designation Form with the Plan Administrator while I am living.

Participant's Signature: _____ Date: _____

PLAN ADMINISTRATOR'S USE ONLY

Reviewed by: _____ Date: _____