

**Staffscapes, Inc. 401(k) Profit Sharing Plan
930030 - 000
Enrollment/Change Form**

Social Security Number:

Use this form only to designate your investment choices for future contributions. To transfer investment balances use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Initial	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="radio"/> Married <input type="radio"/> Not married
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Married Status

Reason for Form

<input type="checkbox"/> I am eligible and am enrolling in the Plan. **	<input type="checkbox"/> I am stopping all of my contributions.
<input type="checkbox"/> I am changing my current contribution levels.	<input type="checkbox"/> I am changing my beneficiary designation.
<input type="checkbox"/> I am changing my future investment mix.	<input type="checkbox"/> I elect not to make contributions to the Plan at this time.
<input type="checkbox"/> I am changing or stopping my Catch-Up contributions.	

* If you elect to join the Plan and fail to make an investment election, or your elections do not total to 100% your contribution will be invested by the Plan's default. Please contact your Plan Administrator for specifics regarding your Plan's default fund.

Contribution Amount

Before-Tax Contributions:

I wish to contribute % of my eligible pay on a before-tax basis.

I do not wish to make before-tax contributions at this time.

I understand that IRS/Plan limits may affect the amount I can contribute to the Plan each year.

After-Tax Contributions:

I wish to contribute % of my eligible pay on an after-tax basis to my Roth 401(k).

Total Contribution:

Catch-Up Contributions

You may elect or change your Catch-up Contribution at any time. The effective date of your election is based on your Plan's provisions. Other factors may also affect your Catch-up Contributions. Therefore, please read the Important Notes below before making an election.

I elect to contribute \$.00 per pay period as a Catch-up Contribution.

I elect a one time deduction of \$.00 as a Catch-up Contribution.

I elect to stop making Catch-up Contributions.

I do not wish to make Catch-up Contributions at this time.

I will not be at least age 50 by the end of the year.

*** Important Notes:**

- If you exceed IRS/Plan limits (limits apply to the sum of before-tax or after-tax 401(k) contributions), the excess will be automatically re-characterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
- With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
- The investment mix of Catch-up Contributions will be the same as your regular contributions. The IRS/Plan limits may affect the amount you can contribute to the plan each year.
- If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.
- Catch-up Contributions will be allocated in the same proportion as your total elective contribution. For example, if you have elected to contribute 6% of your traditional 401(k) account and 4% to your Roth 401(k) account, 60% of your total elective contribution will be directed into your traditional 401(k) account and 40% will be directed into your Roth 401(k) account. If you make a Catch-up Contribution of \$5,000, \$3,000 ($\$5,000 \times .60$) of your Catch-up Contribution will go into your traditional 401(k) account and \$2,000 ($\$5,000 \times .40$) of your Catch-up Contribution will go into your Roth 401(k) account.

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Name:

Social Security Number:

Investment Mix

Please invest my *future* Plan contributions in the Staffscapes, Inc. 401(k) Profit Sharing Plan as indicated below, in whole percentages.

Asset Class	Fund	Code	Investment Election
Cash Equivalents	Transamerica Stable Value Option	1	<input type="text"/> %
Bond	Loomis Sayles Bond Ret Opt	28	<input type="text"/> %
Bond	Transamerica Partners High Quality Bond Ret Opt	G2	<input type="text"/> %
High Yield Bond	Transamerica Partners High Yield Bond Ret Opt	A8	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2005 Ret Opt	I3	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2010 Ret Opt	N9	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2015 Ret Opt	I4	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2020 Ret Opt	P1	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2025 Ret Opt	I5	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2030 Ret Opt	P2	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2035 Ret Opt	I6	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2040 Ret Opt	P3	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2045 Ret Opt	I7	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2050 Ret Opt	P4	<input type="text"/> %
Hybrid	Diversified Investors Short Horizon Ret Opt	A3	<input type="text"/> %
Hybrid	Diversified Investors Short/Intermediate Horizon Ret Opt	A4	<input type="text"/> %
Hybrid	Diversified Investors Intermediate Horizon Ret Opt	A5	<input type="text"/> %
Hybrid	Diversified Investors Intermediate/Long Horizon Ret Opt	A6	<input type="text"/> %
Hybrid	Diversified Investors Long Horizon Ret Opt	A7	<input type="text"/> %
Large/Mid Value Equity	AIM Basic Value Inv Opt	C1	<input type="text"/> %
Large/Mid Blend Equity	Fidelity VIP II Contrafund Inv Opt	61	<input type="text"/> %
Large/Mid Blend Equity	Mutual Shares Inv Opt	F2	<input type="text"/> %
Large/Mid Blend Equity	Transamerica Equity Index Ret Opt	4	<input type="text"/> %
Large/Mid Growth Equity	American Funds AMCAP Inv Opt	E9	<input type="text"/> %
Large/Mid Growth Equity	Goldman Sachs Mid-Cap Opportunities Ret Opt	22	<input type="text"/> %
Large/Mid Growth Equity	Transamerica Equity Ret Opt	6	<input type="text"/> %
Large/Mid Growth Equity	Transamerica Partners Mid Growth Ret Opt	99	<input type="text"/> %
Small Company Equity	American Century Small Cap Value Inv Opt	H7	<input type="text"/> %
Small Company Equity	Fidelity Advisor Small Cap Inv Opt	B8	<input type="text"/> %
Small Company			

Equity	Janus Small Cap Value Ret Opt	C4	<input type="text"/> %
Small Company Equity	Neuberger Berman Genesis Inv Opt	39	<input type="text"/> %
Small Company Equity	Transamerica Partners Small Core Ret Opt	G9	<input type="text"/> %
Global Equity	American Funds New Perspective Inv Opt	F8	<input type="text"/> %
Specialty	Calvert Social Investment Inv Opt	B2	<input type="text"/> %
Specialty	Franklin Utilities Inv Opt	I1	<input type="text"/> %
	Total For All Investment Options		<input type="text"/> %

After your initial enrollment in the Plan, to transfer existing plan account balances with Transamerica Retirement Services do not use this form. Use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Authorization and Signature

I hereby authorize a payroll deduction of Plan contributions in accordance with the level(s) I have indicated. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the Plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the Staffscapes, Inc. 401(k) Profit Sharing Plan. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Staffscapes, Inc., the Plan Trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

Employee Signature Date

Plan Administrator Signature Date

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BENEFICIARY DESIGNATION FORM

Please Note: Beneficiary Form need only be completed if you are enrolling for the first time or making changes to your designated beneficiaries.

Name: **Social Security Number:**

You may name anyone you wish as your beneficiary. However, if you are married and you name someone other than your current spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section (it will need to be signed by your spouse and notarized). If your spouse does not complete this consent section, your beneficiary will be your spouse. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

Unless you state otherwise, all primary beneficiaries will share equally and, if no primary beneficiary survives you, all contingent beneficiaries will share equally. If no beneficiary survives you, settlement will be made as provided in the Plan.

Beneficiary Designation

I name the following individual(s) to receive my Plan benefits in the event of my death in accordance with the terms of the Plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the Plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages below must equal 100% for Primary Beneficiary(ies).

-and-

Percentages below must also equal 100% for Contingent (Secondary) Beneficiary(ies) - if any.

Plan Beneficiaries

You must designate at least one Primary Beneficiary.

Primary Contingent

Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- -

/ /

Social Security Number

Date of Birth (MM/DD/YYYY)

Relationship (Beneficiary is my _____)

Primary Contingent

Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- - / /

Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

Primary Contingent

Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- - / /

Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

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BENEFICIARY DESIGNATION FORM

Name:

Social Security Number:

Beneficiary Designation Authorization and Signature

Participant Signature

Signed at (City and State)

Date

Spousal Consent

I, spouse of , hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this Plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

By signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the Plan benefits payable to a beneficiary other than myself.

Spouse Name

Spouse Signature

Date

Notary Public or Plan Representative Signature Required

Subscribed and sworn to me before this _____ day of _____, _____

Signature

State

County