



**Q-Link 401(k)
Participant Enrollment Form**

1. Participant Information

Name: _____ Birth Date: _____

Social Security #: _____ Date Hired: _____

Address: _____
Street City State Zip

2. Payroll Deduction Election

I wish to participate at this time. The total amount to be deducted from my paycheck will be \$ _____ or _____% per pay period. *This deduction will continue until your employer receives a new election form informing them of your change.*

I do not wish to make deferral contributions at this time.

3. Beneficiary Information

Primary _____
Name Relationship

Contingent _____
Name Relationship

If you are married and wish to name someone other than your spouse as your beneficiary, your spouse must consent to the designation.

I am not married.

I hereby consent to the foregoing election by my spouse, to have some or all of his/her benefits paid to a person other than me.

Spousal Consent _____ Date _____

4. Certification

By signing this authorization, you authorize your employer to deduct from your compensation the amount stated in section 2 above, authorize your trustee/plan administrator to invest your future contributions and certify that you have the power and authority to establish this account and give the instructions stated herein.

Participant Signature _____ Date _____