

# Enrollment Form

Case Number: 169-00120  
STAFKINGS BEFORE-TAX PAYROLL SAVINGS PLAN

THE BAY RIDGE GROUP, INC.

## Yes, sign me up.

Follow these four easy steps:

Please clearly print current and accurate information below. Please note that this enrollment form is for your initial enrollment only. For future changes, refer to the account access card on the back cover. All employees who have met the plan's eligibility requirements, regardless of whether you choose to participate, must complete all applicable sections of the form.

### STEP ONE: COMPLETE YOUR PERSONAL INFORMATION

Social Security

Number:

Name:

Last

First

MI

Address:

Street & Apt#/PO Box

City

State

ZIP Code

/ /

/ /

Date of Birth

Date of Hire

Gender (M or F)

Marital Status

### STEP TWO: COMPLETE YOUR CONTRIBUTION ELECTION(S)

#### ELECTIVE DEFERRALS

- I elect to participate and contribute \_\_\_\_\_% of compensation per pay period on a **pre-tax** basis. (Maximum: \$16,500 for 2010)
- I elect not to make *elective deferrals* until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date. If I elect to roll over money into the plan I authorize my rollover to be invested as indicated below.

#### CATCH-UP CONTRIBUTIONS

- I will be at least 50 years of age or older by the end of the calendar year and elect to make catch-up contributions to the plan. (The maximum catch-up contribution is \$5,500 for 2010.) I elect to contribute \_\_\_\_\_% of compensation per pay period as catch-up contributions once my maximum allowable deferral limits are met.

Social Security

Number:

Name:

Last

First

MI

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**STEP THREE: CHOOSE YOUR INVESTMENT OPTION BY CHECKING A BOX BELOW**

Please complete one of the "Help Me Do It" or "I'll Do It Myself" sections based on your investment style and goals.



**HELP ME DO IT**

I prefer to pick just one fund, based on my investor profile.

✓ Select the fund below that matches your profile, then go to the next step and sign your name.

Fund Name:	Inquire Code:	Allocation Percentage:
<input type="checkbox"/> NW Inv Dest Aggr SC	970	100%
<input type="checkbox"/> NW Inv Dest Mod Aggr SC	971	100%
<input type="checkbox"/> NW Inv Dest Mod SC	972	100%
<input type="checkbox"/> NW Inv Dest Mod Cnsvr SC	973	100%
<input type="checkbox"/> NW Inv Dest Cnsvr SC	974	100%
<input type="checkbox"/> MnNprProBld Max Trm S	1181	100%



**I'LL DO IT MYSELF**

✓  I elect to invest as follows:

Select investments below based on your profile, then go to the next step and sign your name. All allocations must be made in whole percentages, and the total must equal 100%.

Asset Class	Fund Name	Percentage	Inquire Code	Asset Class	Fund Name	Percentage	Inquire Code
IS	Opp Gbl A	____%	435	BA	NW Inv Dest Aggr SC	____%	970
SC	Opp Min St SmCap A	____%	377	BA	NW Inv Dest Cnsvr SC	____%	974
MC	AIM MdCap Cor Eq A	____%	411	BA	NW Inv Dest Mod Aggr SC	____%	971
LC	AmFds Gr Fd Am R3	____%	662	BA	NW Inv Dest Mod Cnsvr SC	____%	973
LC	Jns Twnty J	____%	325	BA	NW Inv Dest Mod SC	____%	972
LC	MFS Val A	____%	439	BD	Fed Hi Yld Tr	____%	237
BA	Fid Puritan	____%	275	NA	Indexed Fixed	____%	8001
BA	MnNprProBld Max Trm S	____%	1181				

**Total Percentage 100%**  
Double-check that your selections equal 100%

**Asset Class Legend:** IS – International Stocks, SC – Small-Cap Stocks, MC – Mid-Cap Stocks, LC – Large-Cap Stocks, BA – Balanced, BD – US Bonds, SB – Short-Term Bonds, CA – Cash, SP – Specialty, AA – Asset Allocation

**PLEASE BE SURE TO RETURN ALL PAGES OF THIS FORM**

Social Security

Number:

Name:

Last

First

MI

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**STEP FOUR: SIGN AND DATE**

Please return this completed form to YOUR HUMAN RESOURCE REPRESENTATIVE.

Signature: **X**

Date:

**Welcome to your plan!**

Don't forget to set up your online access at [nationwide.com](http://nationwide.com).

# Beneficiary Designation Form

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This form is used to designate the payment of your account balance upon your death. Follow these easy steps.

Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First MI

**STEP ONE: Enter Primary Beneficiary Information.** Percentages must total 100%.

If you are married, your spouse must be the sole primary beneficiary unless your spouse approves otherwise and signs the waiver below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Percentage \_\_\_\_ %  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Percentage \_\_\_\_ %

**STEP TWO: Enter Contingent Beneficiary Information.** Percentages must total 100%.

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Percentage \_\_\_\_ %  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Percentage \_\_\_\_ %

**STEP THREE: Complete and Sign.**

I certify that I am:  Married  Not Married  Legally Separated  
Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP FOUR: This section must be completed if your spouse is not the sole primary beneficiary.**

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name \_\_\_\_\_  
Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

This consent must be witnessed by either a plan representative or a notary public.  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative or Notary Public \_\_\_\_\_ Date \_\_\_\_\_  
Notary Public Commission expires: \_\_\_\_\_ (Notary Seal)

Return form to: YOUR HUMAN RESOURCE REPRESENTATIVE.