

ENROLLMENT/CHANGE INVESTMENT ELECTION FORM

Plan Name: Township of Hanover 457 Plan

Location Name: _____

Location ID: _____

Ref. No. 138804

How To	<input type="checkbox"/> To Enroll: Complete All Sections <i>(Plan Sponsor: Send to CPI if checked.)</i>	<input type="checkbox"/> To Change Contribution Percentage: Complete Sections A, C and D <i>(Plan Sponsor: Keep for your records if checked. Do not send to CPI.)</i>
	<input type="checkbox"/> To Decline Enrollment: Complete Sections A, C and D <i>(Plan Sponsor: Keep for your records if checked. Do not send to CPI.)</i>	<input type="checkbox"/> To Change Investment Direction: Do not complete this form. Go to the web site at www.myretirementfuture.com or call the IVR at 1-800-291-1585. This form <u>can not</u> be used to change your investment election.

Section A
Your Info

Please type or print clearly

Last Name	First Name	M. I.	Social Security Number (SSN)											
_____	_____	_____	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> <td style="border: 1px solid black; width: 25px; height: 25px;"> </td> </tr> </table>				-			-				
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Section B
Your Investment Direction * Initial Enrollment Only

I direct that all future contributions be invested in the following funds. *(If incomplete, contributions will be invested in accordance with your prior election or, if none, in the default fund noted with a "D" until a new election is completed through the IVR or web site. Failure to complete this section is deemed to be a 100% election in the default fund.)*

Enter WHOLE percentages in multiples of 1% (i.e. 10%, 25%, 50%). Do not use decimals or fractions. Elections must total 100%.

%	Fund Name	%	Fund Name
_____ D	Moderate Model	_____	American Funds EuroPacific Growth Fund-R3
_____	OFI Stable Value Trust Tier 1	_____	Oppenheimer Developing Markets C
_____	American Funds Fundamental Investors-R3	_____	AllianceBernstein High Income R
_____	American Funds American Mutual Fund-R3	_____	Prudential Total Return Bond R
_____	Invesco Van Kampen American Franchise R	_____	American Century Government Bond R
_____	Prudential Jennison Mid-Cap Growth R	_____	Ivy Limited-Term Bond Y
_____	AllianceBernstein Small/Mid Cap Value R	_____	Conservative Model
_____	Lord Abbett Developing Growth R3	_____	Aggressive Model
_____		100%	Fund elections MUST TOTAL 100%

**This election applies to new contributions only and will not affect the investment of existing assets or assets that are "mapped" during a conversion from a prior record keeper.*

Paper copies of this Enrollment/Change Investment Election Form will not be accepted after initial enrollment in the plan. All subsequent transactions must be made through the Web Site or the IVR.

Section C
Your Election

Salary Deferral - I instruct my employer to deduct _____% of my pay on a pre-tax basis each pay period for investment in my account.
(In the space provided, enter a whole percentage in an amount permitted by the Plan, as described in the Plan Highlights.) To decline participation, enter 0%.

Please refer to your Plan Highlights, which will describe any maximum limits on the amount you may contribute that apply to your plan either based on the plan's provisions or under the law. Your employer may restrict the frequency with which you may change this election. Please check with your Plan Representative to see if there are any restrictions.

Section D
Sign

Note: Participants should visit the plan website (www.myretirementfuture.com) for prospectuses and information about the fund's investment objectives, risks, fees and expenses. Some funds may impose a redemption fee on shares that are transferred or exchanged out of the fund before the applicable minimum holding period. Please read the prospectus for more information about the fund and any applicable redemption fee.

I understand that, after my initial enrollment in the plan, I can not make any changes to my Investment Direction by using this form. Changes must be made by accessing the Web Site or the IVR.

By signing this form, I have authorized the Employer to deduct the amount elected from my paycheck and transmit the funds to the investment funds indicated. I certify that I have received the prospectuses for the mutual funds I have chosen to invest in above.

 Participant

 Date

BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)
DO NOT SEND TO CPI

Plan Name: Township of Hanover 457 Plan

Location Name: _____ Location ID: _____ Ref. No. 138804

Your Info	Please type or print clearly			
	Last Name	First Name	M. I.	Social Security Number (SSN)

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If this beneficiary designation form is not completed, either a prior designation or the Plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

Beneficiary #1	Name	Date of Birth	Relationship	Percent
	Primary #1 _____	_____	_____	____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	Secondary _____	_____	_____	____ %
	Secondary _____	_____	_____	____ %

Beneficiary #2	Name	Date of Birth	Relationship	Percent
	Primary #2 _____	_____	_____	____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	Secondary _____	_____	_____	____ %
	Secondary _____	_____	_____	____ %

Beneficiary #3	Name	Date of Birth	Relationship	Percent
	Primary #3 _____	_____	_____	____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	Secondary _____	_____	_____	____ %
	Secondary _____	_____	_____	____ %

Sign	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____	_____
	Participant	Date