



# Profit Sharing, Thrift and Money Purchase Plans Enrollment Application

|  |                               |
|--|-------------------------------|
| <b>Employee:</b> <input type="checkbox"/> New <input type="checkbox"/> Re-Hired <input type="checkbox"/> Re-Participating<br><b>Change:</b> <input type="checkbox"/> Contribution <input type="checkbox"/> Investment <input type="checkbox"/> Data* | Date of Initial Participation |
|--|-------------------------------|

\*Complete all information in this section, and circle any data that has changed.

|  |   |  |  |                     |
|--|---|--|--|---------------------|
| <b>Employer Name</b><br><b>University of Scranton - Clerical &amp; Maintenance Employees</b> |   | <b>Account Number</b><br><b>MP-31333</b> | <b>Affiliate No.</b><br><b>00001</b>   | <b>Division No.</b> |
| <b>Participant Name (Last, First, Middle Initial)</b>  | <b>Social Security No.</b><br>_____ - ____ - ____ | <b>Date of Birth</b>                     | <b>Sex</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>Date of Hire</b> |
| <b>Street Address</b>  | <b>City</b>                                       | <b>State</b>                             | <b>ZIP Code</b>  |                     |

**Section A - Investment Funds: Must be in multiples of whole percentages.**

**Any contributions made by my Employer on my behalf are to be allocated as follows:**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| Money Market Fund                                       |   | Stable Fund   |   | Inter. Govt. Bond Fund                                  |   | Govt./Corp. Bond Fund                                   |   | Equity Income Fund                                      |   |
| <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + |
| Growth & Income Fund                                    |   | Equity Growth Fund                                      |   | Special Equity Fund                                     |   | International Equity Fund                               |   | SAF Short Horizon                                       |   |
| <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + |
| SAF Short/Intermediate Horizon                          |   | SAF Intermediate Horizon                                |   | SAF Intermediate/Long Horizon                           |   | SAF Long Horizon  |   | <b>Total</b>  |   |
| <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | + | <input style="width:40px; height:20px;" type="text"/> % | = | <b>100%</b>   |   |

**Section B - Telephone Transaction Authorization (where permitted)**

I authorize Diversified Investment Advisors (Diversified) to accept my telephone requests for Transfers and/or Allocation Changes for my Plan account. I understand that all future transfers and allocation changes will be initiated by calling Diversified's toll-free number. I agree to the recording by Diversified of these telephone conversations. I understand that Diversified will not be responsible for the authenticity of telephone instructions, when acting upon such instructions believed to be genuine.

**Please Return Completed Form To Human Resources Department**

|                       |       |      |
|-----------------------|-------|------|
| Participant Signature | Title | Date |
| Employer Signature    | Date  |      |