



DIVERSIFIED INVESTMENT ADVISORS

4 Manhattanville Road, Purchase, NY 10577

800-755-5801

Profit Sharing, Thrift and Money Purchase Plans Enrollment Application

Employee: New Re-Hired Re-Participating
Change: Contribution Investment Data*

Date of Initial Participation

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

Employer Name University of Scranton - Faculty, Administrative & Professional Employees		Account Number MP-31823	Affiliate No. 00001	Division No.
Participant Name (Last, First, Middle Initial)		Social Security No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	ZIP Code

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 [] %	+
Growth & Income Fund [] %	+	Equity Growth Fund [] %	+	Special Equity Fund [] %	+	International Equity Fund [] %	+	SAF Short Horizon [] %	+
SAF Short/Intermediate Horizon [] %	+	SAF Intermediate Horizon [] %	+	SAF Intermediate/Long Horizon [] %	+	SAF Long Horizon [] %	=	Total 100%	

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	