

SECTION D. Contributions (check all that apply)

I authorize my employer to withhold the percentage indicated below from my compensation as defined in the plan.

Deduct _____% or \$_____ per pay period before taxes (up to the maximum allowed under the plan).

This authorization is effective with the payroll period beginning _____ (may not be retroactive).

This authorization supersedes any prior authorization with Diversified Investment Advisors or any other co-provider.

I elect not to make contributions to the plan.

SECTION E. Beneficiary Information

This designation will apply to the account number set forth above and, for current participants, will update any prior beneficiary designation. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: If you are married and you wish to designate someone other than your spouse as your primary beneficiary, one of the following rules apply (your Plan Administrator can confirm which rule applies): 1) If your plan requires a 100% death benefit to your spouse and you wish to designate less than 100% to your spouse, do not complete this section, but request one of the two forms below; or 2) If your plan requires at least a 50% death benefit to your spouse and you wish to designate less than 50% to your spouse, do not complete this section, but request one of the two forms below. Call Diversified (800-926-0044) to request Form No. 2227 for annuity plans or Form No. 2232 for non-annuity plans. Your Plan Administrator can confirm whether your plan is an annuity plan or a non-annuity plan. If you are currently receiving required minimum distributions, do not use this form. Contact the Retirement Counseling Unit (800-926-0044 x2700) to designate a beneficiary.

Primary Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits

Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits

SECTION F. Signatures

I understand that the fixed interest option(s) are available under group fixed annuity contract(s) issued by AUSA Life Insurance Company, Inc., 4 Manhattanville Road, Purchase, NY 10577 and that the other Diversified funds are available through the Diversified Investment Advisors Collective Trust. I understand that transfer restrictions may apply. I certify that the information provided on this application is correct.

X

Participant Signature

Date

I certify that this enrollment application is appropriate under the terms of the plan, and that any necessary consents and waivers have been obtained.

X

Plan Representative Signature

Date