

# Enrollment Form

Case Number: 543-80506  
CENTRAL MAINE MEDICAL FAMILY 403(B) PLAN

THE PENSION SERVICE 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 \_\_\_\_\_% or \$ \_\_\_\_\_ of compensation per pay period on a *pre-tax* basis. (Maximum: \$16,500 for 2009)
- 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 2009.) I elect to contribute \_\_\_\_\_% or \$ \_\_\_\_\_ of compensation per pay period as catch-up contributions once my maximum allowable deferral limits are met.

Please turn to the next page and proceed to Step Three.  
**PLEASE BE SURE TO RETURN ALL PAGES OF THIS FORM**

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 "Do It For Me" or "I'll Do It Myself" sections based on your investment style and goals. Refer to page 12 of your enrollment book for help in choosing.



**DO IT FOR ME**

**Target Maturity Funds**

I prefer to pick just one fund, based on the year I plan to retire.

✓ Check one box below that aligns closest to your expected retirement date, then go to the next step and sign your name.

Fund Name:	Inquire Code:	Allocation Percentage:
<input type="checkbox"/> NW Dest 2010 Inst	2057	100%
<input type="checkbox"/> NW Dest 2015 Inst	2058	100%
<input type="checkbox"/> NW Dest 2020 Inst	2059	100%
<input type="checkbox"/> NW Dest 2025 Inst	2060	100%
<input type="checkbox"/> NW Dest 2030 Inst	2061	100%
<input type="checkbox"/> NW Dest 2035 Inst	2062	100%
<input type="checkbox"/> NW Dest 2040 Inst	2063	100%
<input type="checkbox"/> NW Dest 2045 Inst	2064	100%
<input type="checkbox"/> NW Dest 2050 Inst	2065	100%
<input type="checkbox"/> NW Rtrmt Inc Inst	2066	100%



**I'LL DO IT MYSELF**

✓  I elect to invest as follows:

Select investments below based on your profile on page 16, 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
SP	AIM Real Estate Fund A	____%	576	LC	NW S&P 500 Indx Inst	____%	1623
SP	AmFds Cap Wld Bd R3	____%	364	BA	NW Dest 2010 Inst	____%	2057
SP	Jensn Nat Resources Fd A	____%	383	BA	NW Dest 2015 Inst	____%	2058
SP	Opp Gold & Sp Mineral Fd A	____%	374	BA	NW Dest 2020 Inst	____%	2059
SP	PIMCO Comdt Real Rtn Str A	____%	2109	BA	NW Dest 2025 Inst	____%	2060
IS	AmFds EuroPacfc Gr R5	____%	1396	BA	NW Dest 2030 Inst	____%	2061
IS	Thornburg Intl Value Fd I	____%	427	BA	NW Dest 2035 Inst	____%	2062

Funds continued on next page.

Social Security

Number:

Name:

Last

First

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SC	Allnz NFJ SmCap Val Inst	_____ %	2249	BA	NW Dest 2040 Inst	_____ %	2063
SC	Sntnl Sm Co I	_____ %	2165	BA	NW Dest 2045 Inst	_____ %	2064
MC	Jns Prkns MdCap Val I	_____ %	2674	BA	NW Dest 2050 Inst	_____ %	2065
MC	Mndr MdCap Cor Gr A	_____ %	2106	BA	NW Rtrmt Inc Inst	_____ %	2066
LC	AmFds Gr Fd Am R5	_____ %	1397	BD	AmCent Infl Adj Bd Adv	_____ %	707
LC	Clvrt Soc Invmt Eq A	_____ %	264	BD	PIMCO TotalReturn Fnd Inst	_____ %	1436
LC	FnklnMSF Mut Shrs A	_____ %	308	CA	NW Mny Mkt Inst	_____ %	688
LC	MFS Value Fd A	_____ %	439	NA	Fixed	_____ %	8002

**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

Additional funds are available to you after this enrollment process is completed by visiting nationwide.com.

**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.

For Investment Advice contact Sagemark Consulting at  
1-888-299-2755.

# 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.