

A. Participant Information:

Last Name	First Name	Initial	Social Security Number
Mailing Address			Date of Birth
City	State	Zip Code	Date of Hire
Participant Signature			Home Phone
			Alternate Phone
			Date

B. Enrollment Information:

Participants may **ENROLL** in this program on January 1st, April 1st, July 1st, and October 1st upon attainment of age 21 and completion of 3 months of service. Participants may **INCREASE** or **DECREASE** their salary deferrals on January 1st, April 1st, July 1st and October 1st. Participants may **REVOKE** their salary deferral agreement at any time with 15 day written notice.

- I hereby elect to **ENROLL** in our company's 401(k) plan. I authorize my Employer to deduct _____ % or \$ _____ from my salary each pay period. The deduction will be take from my gross wages each pay period.
- I do not wish to make salary deferral contributions at this time.
- I wish to **INCREASE** or **DECREASE** my salary deferrals effective _____. I authorize my Employer to deduct _____ % or \$ _____ from my salary each pay period. The deduction will be take from my gross wages each pay period.
- I wish to **REVOKE** my salary deferral agreement and discontinue my contributions effective _____.

C. Beneficiary Information:

I hereby designate the following beneficiaries to my Washington Floral Service, Inc. 401(k) Profit Sharing Plan accounts:

Primary Beneficiary Name	Relationship	
Contingent Beneficiary Name	Relationship	Benefit %
Contingent Beneficiary Name	Relationship	Benefit %
Contingent Beneficiary Name	Relationship	Benefit %
Contingent Beneficiary Name	Relationship	Benefit %

NOTE: If you are married, you may designate a **primary** beneficiary other than your spouse **ONLY** if your spouse consents to the designation and your spouse's consent is witnessed by a notary public.

Spouse's Consent

I hereby acknowledge that my spouse has designated a primary Plan Beneficiary in place of me. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand that my consent is **IRREVOCABLE**.

Spouse's Signature	Date
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On this day, _____, personally appeared before me, he/she is known to be the individual described in and who executed this instrument of consent, and acknowledges that he/she signed this instrument as a free and voluntary act and deed, for the use and purposes described within.

Given under my hand and official seal this _____ day of _____, 20_____.

Notary Public in and for the state of _____

My Commission Expires: _____

Printed Name of Notary

Signature of Notary

(SEAL)