

**High Bridge Associates, Inc. 401(k) Plan
996999 - 000
Enrollment/Change Form**

Social Security Number:

Use this form only to designate your investment choices for future contributions. To transfer investment balances use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Initial	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="radio"/> Married <input type="radio"/> Not married
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	Married Status

Reason for Form

- | | |
|---|--|
| <input type="checkbox"/> I am eligible and am enrolling in the Plan. ** | <input type="checkbox"/> I am stopping all of my contributions. |
| <input type="checkbox"/> I am changing my current contribution levels. | <input type="checkbox"/> I am changing my beneficiary designation. |
| <input type="checkbox"/> I am changing my future investment mix. | <input type="checkbox"/> I elect not to make contributions to the Plan at this time. |
| <input type="checkbox"/> I am changing or stopping my Catch-Up contributions. | |

* If you elect to join the Plan and fail to make an investment election, or your elections do not total to 100% your contribution will be invested by the Plan's default. Please contact your Plan Administrator for specifics regarding your Plan's default fund.

Contribution Amount

Before-Tax Contributions:

- I wish to contribute % of my eligible pay on a before-tax basis.
- I do not wish to make before-tax contributions at this time.

I understand that IRS/Plan limits may affect the amount I can contribute to the Plan each year.

Catch-Up Contributions

You may elect or change your Catch-up Contribution at any time. The effective date of your election is based on your Plan's provisions. Other factors may also affect your Catch-up Contributions. Therefore, please read the Important Notes below before making an election.

- I elect to contribute \$.00 per pay period as a Catch-up Contribution.
- I elect a one time deduction of \$.00 as a Catch-up Contribution.
- I elect to stop making Catch-up Contributions.
- I do not wish to make Catch-up Contributions at this time.

I will not be at least age 50 by the end of the year.

*** Important Notes:**

- If you exceed IRS/Plan limits (limits apply to the sum of before-tax or after-tax 401(k) contributions), the excess will be automatically re-characterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
- With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
- The investment mix of Catch-up Contributions will be the same as your regular contributions. The IRS/Plan limits may affect the amount you can contribute to the plan each year.
- If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.

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Name:

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Investment Mix

Please invest my *future* Plan contributions in the High Bridge Associates, Inc. 401(k) Plan as indicated below, in whole percentages.

Asset Class	Fund	Investment Election
Cash Equivalents	Transamerica Stable Value Option	<input type="text"/> %
Bond	Diversified Investors Core Bond Ret Opt	<input type="text"/> %
Bond	JPMorgan Government Securities Ret Opt	<input type="text"/> %
Bond	Loomis Sayles Bond Ret Opt	<input type="text"/> %
High Yield Bond	Diversified Investors High Yield Opportunities Ret Opt	<input type="text"/> %
Hybrid	American Funds Balanced Inv Opt	<input type="text"/> %
Hybrid	Transamerica Balanced Ret Opt	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2005 Ret Opt	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2015 Ret Opt	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2025 Ret Opt	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2035 Ret Opt	<input type="text"/> %
Hybrid	Vanguard Target Retirement 2045 Ret Opt	<input type="text"/> %
Large/Mid Value Equity	American Funds Fundamental Investors Inv Opt	<input type="text"/> %
Large/Mid Value Equity	American Funds Washington Mutual Investors Inv Opt	<input type="text"/> %
Large/Mid Value Equity	Diversified Investors Mid-Cap Value Ret Opt	<input type="text"/> %
Large/Mid Value Equity	Fidelity Advisor Equity Income Inv Opt	<input type="text"/> %
Large/Mid Blend Equity	Diversified Investors Stock Index Ret Opt	<input type="text"/> %
Large/Mid Blend Equity	SSgA Mid-Cap Index Ret Opt	<input type="text"/> %
Large/Mid Blend Equity	Transamerica Core Equity Ret Opt	<input type="text"/> %
Large/Mid Growth Equity	AIM Capital Appreciation Ret Opt	<input type="text"/> %
Large/Mid Growth Equity	American Funds Growth Fund of America Inv Opt	<input type="text"/> %
Large/Mid Growth Equity	Franklin Flex Cap Growth Inv Opt	<input type="text"/> %
Large/Mid Growth Equity	Transamerica Equity Ret Opt	<input type="text"/> %
Large/Mid Growth Equity	Transamerica Growth Opportunities Ret Opt	<input type="text"/> %
Small Company Equity	American Century Small Cap Value Inv Opt	<input type="text"/> %
Small Company Equity	Fidelity Advisor Small Cap Inv Opt	<input type="text"/> %

		<input type="text"/>	%
Small Company Equity	SSgA Dow Jones Small Cap Value Index Ret Opt	<input type="text"/>	%
Small Company Equity	SSgA Small-Cap Index Ret Opt	<input type="text"/>	%
Global Equity	American Funds New Perspective Inv Opt	<input type="text"/>	%
Global Equity	Oppenheimer Global Ret Opt	<input type="text"/>	%
International Equity	Templeton Foreign Ret Opt	<input type="text"/>	%
Specialty	Franklin Real Estate Securities Inv Opt	<input type="text"/>	%
Total For All Investment Options		<input type="text"/>	%

After your initial enrollment in the Plan, to transfer existing plan account balances with Transamerica Retirement Services do not use this form. Use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Authorization and Signature

I hereby authorize a payroll deduction of Plan contributions in accordance with the level(s) I have indicated. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the Plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the High Bridge Associates, Inc. 401 (k) Plan. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither High Bridge Associates and Work Management, Inc., the Plan Trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

Employee Signature

Date

Plan Administrator Signature

Date

Primary Contingent Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- - / /

Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

Primary Contingent Percentage

First Name Initial Last Name

Street Address Apartment No.

-

City State ZIP

- - / /

Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

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BENEFICIARY DESIGNATION FORM**

Name: Social Security Number:

Beneficiary Designation Authorization and Signature

Participant Signature Signed at (City and State) Date

Spousal Consent

I, spouse of , hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this Plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

By signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the Plan benefits payable to a beneficiary other than myself.

Spouse Name

Spouse Signature

Date

Notary Public or Plan Representative Signature Required

Subscribed and sworn to me before this _____ day of _____, _____

Signature

State

County