

**Participant Enrollment Form**  
**Eastern Design Services**  
**Profit Sharing and 401(k) Plan**  
Plan Number: 722232



**Employee Information**

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	DATE OF HIRE	DATE OF REHIRE
DIVISION LOCATION	PLAN ENTRY DATE	GENDER

**Contribution Election**

- The total amount to be deducted from my paycheck will be \_\_\_\_% per pay period. This deduction will continue until I give my employer written notice of the change.
- I do not choose to contribute to the Plan at this time. This decision will not prevent me from making contributions to the Plan in the future. I must complete and sign this form even if I choose to not contribute to the Plan.

**Employee Certification** (Be sure to make your investment selection on the following page before signing below.)

By signing this form I certify that:

1. I have read, and understand, the investment information on the funds that I have selected.
2. All personal information, including my Social Security Number, is correct.

EMPLOYEE SIGNATURE

DATE