

Use this form only to enroll. If you are already enrolled visit [www.axispeo.com](http://www.axispeo.com) to make changes or call 404.527.6200.

**MEP Information**

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**Client Information**

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Client Name	Customer ID
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**Employee Information**

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Employee Name	<input type="checkbox"/> Male	<input type="checkbox"/> Married	
	<input type="checkbox"/> Female	<input type="checkbox"/> Not Married	

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Address	City	State	Zip
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Email	Phone
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Date of birth (mm, dd, year)*	Date of hire (mm, dd, year)
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Social Security Number	Facility Location
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\* If the date of birth is not provided, then your account will be invested in SA14 Federated Government Ultrashort Duration  
Do you or any relatives own any interest in this company or any related companies?  Yes  No

**Salary Deferral Agreement**

I agree that my pay will be reduced by the dollar amount or percentage I have indicated below, and that this dollar amount or percentage will be contributed to the Plan. This agreement will continue to be effective while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it and agree to its terms. Select one of the following:

- I elect to defer a DOLLAR amount to the Plan, per pay period: Pre-tax deferral \$ \_\_\_\_\_, Roth (after tax) \$ \_\_\_\_\_
- I elect to defer a PERCENTAGE amount to the Plan, per pay period: Pre-tax deferral \_\_\_\_\_%, Roth (after tax) \_\_\_\_\_%
- I elect not to defer at this time.

**Default Investment Information**

If you intend to take the responsibility for choosing and managing your own investments, you must make your investment allocations online at [axispeo.com](http://axispeo.com) or by phone at +1 404 527 6200. You understand that if you do not make an investment selection or the investment selection information is inaccurate or incomplete (e.g. the investment selection does not total 100%, you choose an option not available in the plan), or if you do not sign this form at the bottom, 100% of the contributions will be invested in the plan's default investment option selected by your employer.

**Employee certification**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By signing this form, I certify that:

1. I have read, and understand the investment information for the investment options that I have selected.
2. All personal information including my Social Security number is correct.
3. I understand that if I do not make an investment selection, if my investment selection is inaccurate or incomplete, does not equal 100%, or if I do not sign this form, all contributions will be invested in the Plan's default investment option selected by my employer.

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Employee Name (print)

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Employee Signature	Date (mm, dd, year)
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For new and existing participants. Please return completed form to your employer and keep a copy for your files.

**Employer/plan information**

Employer/plan name \_\_\_\_\_ Plan ID# \_\_\_\_\_ Contract# \_\_\_\_\_

**Employee information**

Male  Female  
 Married  Not married

Employee name (First, MI, Last, Suffix) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Date of hire (mm/dd/yyyy) \_\_\_\_\_

Social security number \_\_\_\_\_ Facility location \_\_\_\_\_

**Designation of beneficiary(ies)**

Please check the appropriate box to designate each individual as either a primary beneficiary or a contingent beneficiary. If neither box is checked, the individual will be deemed to be a primary beneficiary.

The following individual(s) will be my beneficiary(ies). If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my eligible retirement plan balance. (Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and contingent beneficiaries must each equal 100%.) *Note: For additional beneficiaries, please attach additional copies of this form, as needed.*

**Primary beneficiary:**  Spouse  Non-spouse

Name (First, MI, Last Suffix) \_\_\_\_\_ Social security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Email \_\_\_\_\_

**Primary or**  **Contingent beneficiary:**  Spouse  Non-spouse

Name (First, MI, Last Suffix) \_\_\_\_\_ Social security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Email \_\_\_\_\_

**Primary or**  **Contingent beneficiary:**  Spouse  Non-spouse

Name (First, MI, Last Suffix) \_\_\_\_\_ Social security number \_\_\_\_\_ Percentage \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Email \_\_\_\_\_

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**Spousal consent** Complete only if non-spouse beneficiary(ies) is named as primary beneficiary(ies)

Check here if you are a participant and do not have a living spouse.

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

\_\_\_\_\_  
Spouse's signature (if required)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness signature (plan sponsor or notary public)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Notary's commission expiration date (mm/dd/yyyy)

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**Employee certification**

By signing this form, I certify that all personal information, including my social security number, is correct.

\_\_\_\_\_  
Employee name (please print)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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**Frequently asked questions**

**What is a beneficiary?**

You are required to name an individual who will inherit beneficial interest to your retirement account should you die before you have exhausted your account balance. Participants typically name their spouse as the primary beneficiary and their children and/or other relatives as contingent beneficiaries. Contingent beneficiaries inherit beneficial interest in the event your primary beneficiary predeceases you.

**What happens if I do not file a designation of beneficiary for my retirement account?**

If you haven't filed a designation of beneficiary, upon your death any vested account balances in your plan will be distributed in accordance with your plan's provisions in effect at that time. Generally, your account proceeds will be paid directly to your surviving spouse. If you are not married at the time of your death, your account balances will be paid to your estate.

**How can I change the beneficiary on my account?**

All changes to your beneficiary designation must be submitted to your local human resources representative. If you are naming a beneficiary other than your spouse, you may be required to obtain your spouse's consent.

**One last point about beneficiary designations.**

It's to your advantage to periodically review your beneficiary designation on file in the human resources department. Over time, life events may warrant a change to your designation(s). Be advised that the disposition of your account balance will be completed according to the beneficiary information provided to your plan administrator, regardless of other wishes or directions left in your will or with your estate executor.