

# Enrollment Form

## 1 PARTICIPANT INFORMATION

Participant Name:	Social Security Number:	Date of Birth:	Hire/Rehire Date:
Home Address:	City:	State:	ZIP:

## 2 PLAN (EMPLOYER) INFORMATION

Plan Name (Employer):	Plan Identifier:
Karuk Tribe Employees Savings Trust	702467

## 3 EMPLOYEE CONTRIBUTION ELECTIONS

I elect to participate and contribute \_\_\_\_% of compensation per pay period on a pre-tax basis (Maximum pre-tax contributions is \$18,500 for 2018.)

**Catch-up Contributions:** If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch up" contributions of up to \$6,000 for 2018. See your Plan Administrator for more details on how to make these catch up contributions.

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.

## 4 INVESTMENT ELECTIONS

To select your investments, log on to BenefitsForYou.com or contact our Participant Service Center at 800.999.8786 for assistance. If you do not select your investment election prior to your contributions being made to the plan, your contributions will be allocated to the Plan's default fund. You can find more information regarding your Plan's default fund on the fund fact sheet located in the enrollment book or at BenefitsForYou.com.

**Plan Default Fund: American Funds U.S. Government Money Market Fund-A**

## 5 PARTICIPANT SIGNATURE

I, the undersigned, consent to making the preceding salary deferral elections.

Participant Signature:	Date:
X	

**Return this form to your Employer**