



COMPANY NAME: _____ 401(k) Plan

ENROLLMENT / INVESTMENT SELECTION FORM

Participant Name: _____

SSN _____

Address: _____

Date of Birth: _____

City, State & ZIP: _____

Hire Date: _____

E-mail: _____

Phone: _____

Marital Status: Single Married DivorcedSex: Male Female**Salary Deferral Election**

Select One:

 Initial Enrollment **Change Prior Election** **Stop Deductions**

Effective Date

DETERMINED BY PLAN
(Eligibility = DETERMINED BY PLAN)**Immediately**
(next available payroll)**Immediately**
(next available payroll)**Salary Deferral Agreement**

Select One of the Following:

- I elect _____ % OR \$ _____ of my per pay period compensation deferred into my **pre-tax** 401(k) account.
- I elect _____ % OR \$ _____ of my per pay period compensation deferred into my **after-tax** Roth account.
- My deferral goal for the year is \$ _____. If my YTD is low, adjust my final check in December to catch-up.
- I do not wish to make deferrals.

Maximum annual deferral for 2010 is \$16,500. If you are at least age 50, the deferral limit is \$22,000.**Investment Selection – (may change at any time online at www.mytagpay.com)**

I elect to have my plan contributions under the Plan invested as follows:

	Fund Name	Ticker			Fund Name	Ticker	
1	Oppenheimer Cash Reserve	CSCXX	%	10	Fidelity Diversified Intl	FADCX	%
2	American Funds Bond Fund of America	RBFAF	%	11	Blackrock Health Science	SHSCX	%
3	Oppenheimer Quest Balanced Value	QGRCX	%	12	Oppenheimer Commodity Str	QRACX	%
4	Blackrock S&P 500 Index	MDSRX	%	13	Jennison Dryden Natural Resources	PNRCX	%
5	American Funds Growth Fund of America	RGAAX	%	14	Fidelity Adv Freedom 2010	FCFCX	%
6	Calamos Growth	CVGCX	%	15	Fidelity Adv Freedom 2020	FDCFX	%
7	Fidelity Leveraged Co. Stock	FLSCX	%	16	Fidelity Adv Freedom 2030	FCFEX	%
8	Oppenheimer Main St Small Cap	OPMCX	%	17	Fidelity Adv Freedom 2040	FCFFX	%
9	Alliance Bernstein Small/Mid Cap Val	ABSRX	%		TOTAL PERCENT MUST EQUAL		100%

 Please rebalance my funds every quarter to maintain these percentages.**Signatures**

I agree that my pay will be reduced by the amount or percentage I have indicated above, and that these dollars 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.

Participant Signature _____

Date _____

Employer Signature _____

Date _____