

(Please use black ink only.)

Please refer to the *Election Form Guidelines* for important information you will need to properly complete this form.

SECTION I: EMPLOYEE INFORMATION

Social Security No: _____ Employee ID No: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____
 Phone Number: _____ Branch/Division: _____

SECTION II: EMPLOYEE CONTRIBUTION ELECTION

- I elect to have the following compensation contributed each pay period to my account under the above Plan.
 - A) Pre-tax \$ _____
 - B) Roth 401(k) \$ _____
- I do not wish to contribute any additional catch up contributions.
- I elect not to defer a portion of my compensation into the Plan at this time.

SECTION III: EMPLOYEE INVESTMENT ELECTION

I elect to invest my contributions among the Funds as follows:

<u>CORE INVESTMENT FUNDS</u>					
_____ %	ST	Invesco STIT Treasury-Inst	_____ %	LY	Vanguard Mid Cap Index Adm
_____ %	ML	BNYM Mellon Stable Value-M	_____ %	HR	Hood River S/C Growth-R
_____ %	VT	Vanguard S/T Treasury-Adm	_____ %	NO	Northern Small Cap Value
_____ %	3X	PIMCO Total Return I	_____ %	D8	Vanguard Small-Cap Index Adm
_____ %	RQ	Vanguard Total Bond Mkt - Adm	_____ %	IV	Invesco EQV Int'l Growth-R6
_____ %	T6	Vanguard GNMA - Adm	_____ %	AR	Artisan International-I
_____ %	G8	Vanguard Total Intl Bond Index	_____ %	BI	Brandes Int'l Equity-R6
_____ %	5N	Dodge & Cox Balanced-I	_____ %	4C	Dodge & Cox Intl Stock-I
_____ %	AM	American Funds Amer Mutual-R6	<u>VANGUARD TARGET RETIRMENT FUNDS</u>		
_____ %	DV	Delaware Value-R6	_____ %	G1	Vanguard Target Rtmnt Inc-Inv
_____ %	6N	Dodge & Cox Stock-I	_____ %	GK	Vanguard Target Rtmnt 2025-Inv
_____ %	WZ	Growth Funds of America R6	_____ %	GM	Vanguard Target Rtmnt 2035-Inv
_____ %	K9	Harbor Capital Apprec-R	_____ %	GO	Vanguard Target Rtmnt 2045-Inv
_____ %	D4	Vanguard 500 Index-Adm	_____ %	GQ	Vanguard Target Rtmnt 2055-Inv
_____ %	TC	TIAA-CREFF M/C Value-Inst	_____ %	GS	Vanguard Target Rtmnt 2065-Inv
_____ %	G2	Vanguard M/C Growth Index-Adm			
_____ %	J8	Vanguard Selected Value			

100% (THE TOTAL OF ALL FUNDS SELECTED MUST EQUAL 100%)

Participant's Signature _____ Date _____
 Employer's Signature _____ Date _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.