

**Participant Enrollment
403(b) Plan**

The Alliance Retirement Plan

95804-01

Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City	State	Zip Code			
()	()				
Home Phone		Work Phone			
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
			Mo Day Year	Mo Day Year	
			Date of Birth	Date of Hire	
			Do you have a retirement savings plan with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No		

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.gwrs.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

- I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
 - I elect to contribute _____% or \$_____ (per pay period) of my compensation after-tax as a designated Roth contribution to the 403(b) Plan until such time as I revoke or amend my election.
- Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$17,000.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.
- I elect to make a voluntary after-tax contribution of _____% or \$_____ (per pay period) of my compensation to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	_____ %	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	_____ %
Alliance Development Fund	CMAADF	_____ %	LKCM Aquinas Value Fund	AQEIX	_____ %
Maxim Conservative Profile Portfolio	PS1001	_____ %	Aston/Optimum Mid Cap Fund N	CHTTX	_____ %
Maxim Moderate Profile Portfolio	PS3001	_____ %	Ave Maria Growth	AVEGX	_____ %
Maxim Aggressive Profile Portfolio	PS5001	_____ %	Nuveen Mid Cap Value Fund I	FSEIX	_____ %
PIMCO Total Return Fund - Admin	PI-TRT	_____ %	Baron Small Cap Fund	BSCFX	_____ %
Prudential High-Yield A	PBHAX	_____ %	Columbia Small Cap Value Fund II - Z	NSVAX	_____ %
Templeton Global Bond Fund A	TPINX	_____ %	Cohen & Steers Realty Shares Inst	CSRIX	_____ %
American Century Growth A	TCRAX	_____ %	Prudential Jennison Natural Resources A	PGNAX	_____ %
Dreyfus S & P 500 Index Fund	DR-500	_____ %	American Funds EuroPacific R4	REREX	_____ %
Invesco Van Kampen Growth & Income A	ACGIX	_____ %			



Last Name

First Name

MI

Social Security Number

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

Participant Signature

Date

Participant forward to Plan Administrator

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature

Date

Plan Administrator forward to Service Provider at:

Alliance
PO Box 35690
Colorado Springs, CO 80935-3569
Phone #: 1-800-700-2651
Fax #: 1-719-262-5397
Web site: www.gwrs.com

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