

INSTRUCTIONS FOR 403(B) ENROLLMENT FORMS

THE ALLIANCE INTERNATIONAL RETIREMENT PLAN

The forms included in this packet are for International Workers who are enrolling in the Alliance 403(b) Retirement Plan. Please complete one per employee (the spouse will also need to complete one as an employee).

You will need to complete this form even if you previously participated in the Alliance 403(b) Retirement plan as a US employee.

PAYROLL INFORMATION

In the “Payroll Information” section, please check the box to select either Roth or After-Tax.

The main difference is that with “After Tax” your earnings are taxable at retirement, whereas with “Roth” both contributions and earnings are not taxable at retirement.

Please select the amount or percentage you would like to contribute. You may change this at any time. You are required to contribute a minimum of 2% of your allowance.*

Financial planners nationwide are now encouraging employees to think in terms of contributing 15% of salary to their retirement accounts, through any combination of employee or employer contributions.

INVESTMENT OPTIONS

In the “Investment Options” section, please choose investment option(s) with a percentage for each so that your choice adds up to 100%. You may change this online at any time in the future. *

If you would like professional advice on any of these questions, you may consult with Strategic Financial Partners. You may call 866-963-1843 and leave a message. Your call will be returned within 48 hours. Let them know you are with the International 403(b) plan. They are accustomed to working with our participants by phone or Skype from anywhere in the world. However, if phone will not work for you, let Beth in Benefits know if you would prefer to be contacted via e-mail.

BENEFICIARY DESIGNATIONS

Beneficiary Designation - If you are married, and you name your spouse as Primary Beneficiary at 100%, then no spousal consent is required. You may name whomever you wish as contingent. You may change your beneficiary designation at any time.

INCOMING ROLLOVER OPTION

If you have a previous employer’s plan such as a 401(k), 403(b) or Traditional IRA, you may roll it into your Alliance 403(b) if you wish. Please contact Alliance Benefits and request an Incoming Rollover form. Also contact your former plan to learn what form they require. Usually you need a form at both ends.



This packet is available on the Alliance Benefits Website under the Forms section (<http://www.alliancebenefits.org/forms/>).



For additional questions about the Alliance International Retirement Plan, please email Alliance Benefits at retirement@cmalliance.org.



Participant Enrollment
403(b) Plan

The Alliance Retirement Plan

95804-01

Participant Information

Form fields for Last Name, First Name, MI, Mailing Address, City, State, Zip Code, Home Phone, Work Phone.

Form fields for Social Security Number, E-Mail Address, Marital Status, Date of Birth, Date of Hire.

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? Yes, I would like a representative to call me at phone #... to review my options and assist me with the process.

Payroll Information

- I elect to contribute \$... or ...% (do not complete both) (up to \$19,500.00 or 1% - 100%) per pay period of my compensation as After Tax contributions 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.

Table with 2 columns: INVESTMENT OPTION (NAME, TICKER CODE, %) and INVESTMENT OPTION (NAME, TICKER CODE, %). Lists various funds like Alliance Development Fund, Columbia Dividend Income Adv, etc.

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

INVESTMENT OPTION

NAME	TICKER CODE	%
Cohen & Steers Instl Realty Shares.....	CSRIX CSRIX	_____
Vanguard Materials Index Adm.....	VMIAX VMIAX	_____

NAME	TICKER CODE	%
TIAA-CREF Lifecycle Index 2055 Instl.....	TTIIX TTIIX	_____
TIAA-CREF Lifecycle Index 2060 Instl.....	TVIIX TVIIX	_____
MUST INDICATE WHOLE PERCENTAGES		= 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
(_____)	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

#2 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
(_____)	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

Contingent Beneficiary

#1 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
(_____)	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

#2 _____ .

_____	_____	_____	_____
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
(_____)	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		

Last Name_____
First Name_____
M.I._____
Social Security Number_____
Number

System 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>.

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Plan Administrator forward to Service Provider at:

Empower Retirement

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-866-467-7756

We will not accept hand delivered forms at Express Mail addresses.

Securities offered by GWFS Equities, Inc., Member FINRA/SIPC, marketed under the Empower brand, and/or other broker-dealers. GWFS is affiliated with Great-West Funds, Inc.; Great-West Trust Company, LLC; and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC, marketed under the Great-West Investments™ brand.