

# THE CARL GROUP 401(k) SAVINGS PLAN

## Enrollment Form

Name \_\_\_\_\_

Plan ID: 254032

Contribution Selection

\_\_\_\_\_ I wish to contribute \_\_\_\_\_ % of my compensation to the THE CARL GROUP 401(k) SAVINGS PLAN (Enter a whole number between 1% - 25%)

### Investment Election

Please indicate the percentage you would like to invest into the following funds. You must divide your investment in 1% multiples and your total must equal 100%. When you register on the web site, you decide at that time what funds to elect. If you would like more information on these funds, please review the fund fact sheet and prospectuses provided by the Financial Advisor.

Fund Options (Sign up online when registered)	Percent of Contribution to Invest in Each Fund (Use whole numbers only. Column must total 100%)
American Funds EuroPacific Growth (RERCX)	_____ %
Alliance Bernstein Small MidCap Value A (ABASX)	_____ %
MFS Bond Fund Class A (MFBFX)	_____ %
BlackRock EuroFund (MDEFX)	_____ %
BlackRock Global Allocation A (MDLOX)	_____ %
John Hancock Large Cap Equity A (TAGRX)	_____ %
Eaton Vance Large Cap Value A (EHSTX)	_____ %
Janus Forty Fund A (JDCAX)	_____ %
BlackRock Science & Technology Opp (BGSAX)	_____ %
BlackRock Global SmallCap Value (MDGCX)	_____ %
BlackRock Utilities and Telecommunication (MDGUX)	_____ %
BlackRock Basic Value Fund (MDBAX)	_____ %
ML Retirement Preservation Trust (MLGIX80)	_____ %
Invesco Van Kampen Real Estate (ACREX)	_____ %
Neuberger Berman Genesis Fund (NBGAX)	_____ %
Pimco Total Return Fund A (PTTAX)	_____ %
	_____ %
	_____ %
	_____ %
Remember your election percentages must total 100%	100% Total

If you do not choose fund options online, your contributions will be invested in the ML Retirement Preservation Trust.

### Authorization

\_\_\_\_\_ Yes, I hereby authorize the payroll deduction. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ No, I do not wish to contribute.\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Even if you have chosen not to contribute at this time, you must still return this form to your Plan Administrator so they know that they offered you this benefit and you decided not to participate.

Please return this form to your Plan Administrator. You should also make a copy for your own records.