

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%. If you are unsure where to invest, examples of investment mixes are on page 5. Or, if you would like more information on these funds, please review the fund fact sheet and prospectuses provided by the Financial Advisor.

Fund Options	Percent of Contribution to Invest in Each Fund <small>(Use whole numbers only. Column must total 100%)</small>
ML Fundamental Growth Fd CI B	_____ %
MFS Emerging Growth Fund	_____ %
AllianceBernstein Global Tech Fund CL B	_____ %
AllianceBernstein LargeCap Grwth Fund B	_____ %
Van Kampen Emerging Growth Fund B	_____ %
ML Global Tech Fund CI B	_____ %
ML Eurofund Class B	_____ %
ML Utilities & Telecom Fd CI B	_____ %
ML Basic Value Fd CI B	_____ %
ML Large Cap Value Fd B	_____ %
ML Mid Cap Value Fd B	_____ %
ML Value Opportunity Fd CI B	_____ %
ML Retirement Preservation Trust	_____ %
Van Kampen Real Estate Sec Fd B	_____ %
ML Global SmallCap Fund CI B	_____ %
ML Global Allocation Fd CI B	_____ %
Mass Invest Growth Stock Fund Class B	_____ %
MFS Bond Fund Class B	_____ %
<i>Remember your election percentages must total 100%</i>	
100%	Total

If you do not choose fund options, 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.