



# Participant Enrollment

**International Union of Operating Engineers Local No. 132 Annuity and Savings Fund**

**457847-01**

## Participant Information

Last Name			First Name			MI		
Address - Number & Street								
City			State			Zip Code		
( ) Daytime Phone								
Social Security Number								
E-Mail Address								
Mo			Day			Year		
Date of Birth <input type="checkbox"/> Married <input type="checkbox"/> Unmarried								

**Investment Option Information (applies to all contributions)** - Please refer to your enrollment 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.

### See Participation Agreement and the Required Signature sections

<u>Investment Option Name</u>	<u>Investment Option Code</u>	<u>Investment Option Name</u>	<u>Investment Option Code</u>
Manning & Napier Pro-Blend Cons. Term S	.....EXDAX	Neuberger Berman Partners Fund -Investor	.....NB-PAR
Manning & Napier Pro-Blend Max Term S	.....EXHAX	Vanguard 500 Index Fund	.....VG-500
Manning & Napier Pro-Blend Extend Term S	.....MNBAX	Vanguard Total Bond Market Index Fund	.....VG-TBM
Manning & Napier Pro-Blend Mod Term S	.....EXBAX	Federated Capital Preservation Fund	.....FE-CAP
Artio International Equity - A	.....BJBIX	<b>MUST INDICATE WHOLE PERCENTAGES = 100%</b>	
Stratton Small-Cap Value Fund	.....STSCX		
Federated Mid Cap Index IS	.....FMDCX		

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Option Information** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options 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 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 investment option information, including prospectuses, and disclosure documents, have been made available to me and I understand the risks of investing.

**Plan Fees** - I understand that fees may apply under this Plan.

**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.



# Participant Enrollment

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_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

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**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by my employer prior to the receipt of any deposits, I specifically consent to Service Center 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 1-877-715-4015 or access the Web site in order to request a transfer of 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 requested.

**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 Center 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.

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**Required Signature** - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Center 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 Center 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.ustreas.gov/offices/eotffc/ofac>.

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Participant Signature

\_\_\_\_\_  
Date

**Participant forward to:  
Plan Administrator**