

ENROLLMENT/CHANGE INVESTMENT ELECTION FORM

Employee - **Please check one:**

To Enroll: Complete All Sections

To Decline Enrollment: Complete Sections A, B and E

To Change Contribution Percentage: Complete Sections A, B and E

To Change Beneficiaries: Complete Sections A, D and E

Plan Name: Karuk Tribe of California Employees Savings Trust

Location _____ Ref. No. 5056

Section A - Participant Information

Please type or print clearly

- -

Last Name _____ First Name _____ Middle _____

Social Security Number (SSN) _____

Section B - Employee Contribution Election

I instruct my employer to deduct _____% of my pay each pay period for investment in my account. (Enter a whole percentage between 0% and 10% in the space provided.) To decline participation, enter 0%.

Please be aware that, by law, there is a limit on the total dollar amount that you may contribute. This maximum dollar limit applies to the aggregate of all amounts that you contribute to this plan and all other 401(k), 403(b) or SEPs of this employer or any other employer in which you participate during the calendar year. This maximum dollar limit is increased periodically. Your employer will advise you of the applicable maximum dollar limit each year.

The plan may restrict the frequency with which you may increase or decrease this election. Please refer to your Summary Plan Description.

Section C - Investment Fund Election* - For New Participants Only

I hereby direct that all future contributions be invested in the following funds. (Enter in multiples of 1%.)

Fund Name	Percent	Fund Name	Percent
<input type="checkbox"/> American US Treasury Money Fund of America	_____ %	American EuroPacific Growth	_____ %
American Growth Fund of America	_____ %	American New Economy	_____ %
American New Perspective	_____ %	American Investment Company of America	_____ %
American Washington Mutual Investors	_____ %	American Capital World Growth & Income	_____ %
American Fundamental Investors	_____ %	American Income Fund of America	_____ %
American Bond Fund of America	_____ %	American Capital World Bond	_____ %

*If incomplete, contributions will be invested in accordance with your prior election or, if none, in the default fund noted with a "D" until a new election is completed through the IVR or web site. **Fund elections MUST TOTAL 100 %**

Section D - Beneficiary Designation

If this section is not completed, either a prior designation or the plan document will govern the distribution of any death benefit.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

Name	Date of Birth	Relationship	SSN	Percent
Primary Beneficiary(ies) _____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
If such Primary Beneficiary(ies) shall not survive me, then to				
Secondary Beneficiary(ies) _____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. If more than one individual is named as Beneficiary whether such designation be by name or as a class or both, those Beneficiaries surviving the Participant shall be entitled to receive payment in equal shares. Except as otherwise expressly provided in the designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

If you are now married and have named *any* primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the plan and you should file a new beneficiary form.

I consent to the beneficiary designation above: _____
Signature of Participant's Spouse Date

This instrument was signed before me on _____
Date Plan Representative or Notary Public

Section E - Participant Authorization

By signing this form, I have authorized the Employer to deduct the amount elected from my paycheck and transmit the funds to the investment funds indicated. I certify that I have received the prospectuses for the mutual funds I have chosen to invest in above. I understand that the value of fund investments may fluctuate over time and that risks are associated with investing in the above funds as described in the fund prospectuses. I realize that the Plan Administrator is not liable for any losses that result from my fund selection. Furthermore, I authorize the Plan Administrator to enact changes requested by me through my plan's interactive voice response system and/or web site, if applicable. I understand the above directions will be in effect until a new form replaces them, or as required by law or the plan.

Participant _____ Date _____

Rec'd By:	Initials	Date	Return to PC2:	Initials	Date
Cover Attached:			Effective Date:		
Input By:			Reviewed By:		