

Participant's Full Name \_\_\_\_\_

Social Security Number or ITIN \_\_\_\_\_

**Section 4. My Certification**

I made the choices elected on this form. I received the Summary Plan Description and current prospectus for each Plan investment option elected on this form. I certify, under penalties of perjury, that everything I said on this form is true, correct and complete; my Social Security Number or Individual Taxpayer Identification Number shown above is correct; I am not a resident of any nation, state, or locality other than as shown on this form. I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

X Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**You must submit this form to your employer for his/her signature in the next section. CitStreet will not process this request until your employer has completed the Employer/Plan Administrator Instruction and Approval Section below.**

**Section 5. Employer/Plan Administrator Instruction and Approval**

You the Employer, as the Plan Administrator, accept this enrollment and Plan investment direction.

Payroll Frequency:     weekly     biweekly     semi-monthly     monthly

Plan Administrator's Name (print full name): \_\_\_\_\_

Participant's Plan Entry Date: \_\_\_\_\_ Participant's Date of Hire: \_\_\_\_\_

X Plan Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Employer/Plan Administrator MUST keep original.*

Please mail or fax a copy of this form complete with Plan Administrator's Signature to:

**By Mail:** CitStreet LLC, PO Box 6723, Somerset, NJ 08875, ATTN: Enrollment Services – **or – By Fax:** (732) 514-8799