

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**1. EMPLOYEE INFORMATION (PLEASE PRINT)**

Married       Not Married

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ROLLOVER**

Please contact me using the information above to help me consolidate another retirement plan (401(k), 403(b), IRA, etc.) into my Transamerica Retirement Solutions account.

If you do not wish to participate at this time, please complete sections 1, 2, and 5.

**2. CONTRIBUTION AMOUNT**

I elect to contribute every pay period the following percentage and understand that I can change this election:

\_\_\_\_\_ .0% on a before-tax basis (enter a percentage, 25% is the maximum).

**The company will make a non-discretionary matching contribution of 100% of the first 8% of compensation that you contribute to the plan. The company matching contribution will not exceed 8% of your eligible compensation.**

**A 8% contribution maximizes your company matching contributions.**

**I elect not to participate in the plan at this time.**

**3. CATCH-UP CONTRIBUTION**

Consider making a catch-up contribution: if you will be **at least 50 years of age** by year end, and will contribute the maximum permitted by the plan, or will reach the federal limit by year end (\$20,500 in 2022). The maximum catch-up contribution is \$6,500 in 2022.

I elect to contribute:

\$ \_\_\_\_\_ .00 per pay period as a catch-up contribution.

\_\_\_\_\_ .0% of my eligible compensation as a deferral catch-up contribution (enter a percentage 1% to 100%).

**4. INVESTMENT MIX**

Please invest my **future** plan contributions as indicated.

**OPTION A: TARGET DATE SERIES**

The Target Date Series investment choices are designed for you to allocate 100% of your contribution to the one investment choice that most closely matches your projected retirement date. These investment options are diversified and structured to grow more conservative as the investment option’s target date approaches.

Select only one.

If you selected Option A, sign and date in Section 5, otherwise, proceed to Option B.

TARGET DATE FUND NAME:	SELECT ONE:
R1UL Transamerica LifeGoal Retirement with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1UN Transamerica LifeGoal 2025 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1WG Transamerica LifeGoal 2030 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R215 Transamerica LifeGoal 2035 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1WH Transamerica LifeGoal 2040 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1UP Transamerica LifeGoal 2045 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1WI Transamerica LifeGoal 2050 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1X8 Transamerica LifeGoal 2055 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%
R1J1 Transamerica LifeGoal 2060 with BlackRock Ret Opt (Class: N/A)	<input type="checkbox"/> 100%

**OPTION B: CREATE YOUR OWN INVESTMENT PORTFOLIO**

If you prefer to create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in the Target Date Series that most closely matches a projected retirement age at 65.

ASSET CLASS	SUB ASSET CLASS	INVESTMENT CHOICE	% OF CONTRIBUTION
<b>SHORT BONDS/STABLE/MMKT</b>			
STABLE VALUE		ROFJ Invesco Stable Value Trust Ret Opt (Class: C)	_____ .0%
<b>INTERM./LONG-TERM BOND</b>			
INTERMEDIATE-TERM BONDS		R1IR PGIM Total Return Bond Ret Opt (Class: R)	_____ .0%
<b>LARGE-CAP STOCKS</b>			
LARGE-CAP VALUE STOCKS		R1WR BlackRock Equity Dividend Inv Opt (Class: R)	_____ .0%
		R1IE JPMorgan Equity Income Ret Opt (Class: R-5)	_____ .0%
LARGE-CAP BLEND STOCKS		R1TV Transamerica Partners Stock Index Ret Opt (Class: N/A)	_____ .0%
LARGE-CAP GROWTH STOCKS		R1IF JPMorgan Large Cap Growth Ret Opt (Class: A)	_____ .0%
		R1BS Wells Fargo Growth Ret Opt (Class: Admin)	_____ .0%
<b>SMALL/MID-CAP STOCKS</b>			
MID-CAP VALUE STOCKS		ROBS American Century Mid Cap Value Ret Opt (Class: Investor)	_____ .0%
MID-CAP GROWTH STOCKS		R195 Delaware Ivy Mid Cap Growth Ret Opt (Class: Y)	_____ .0%
SMALL-CAP VALUE STOCKS		R1VP Franklin Small Cap Value Ret Opt (Class: Advisor)	_____ .0%
SMALL-CAP GROWTH STOCKS		R1X9 AB Small Cap Growth Ret Opt (Class: K)	_____ .0%

**The MBCI Tribal Government Services 401(k) Plan Enrollment Form**

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ASSET CLASS	SUB ASSET CLASS	INVESTMENT CHOICE	% OF CONTRIBUTION
<b>INTERNATIONAL STOCKS</b>			
	<i>WORLD/FOREIGN STOCKS</i>	ROB7 American Funds New Perspective Ret Opt (Class: R-5)	_____ .0%
		R23L MFS International Diversification Ret Opt (Class: R-3)	_____ .0%
<b>MULTI-ASSET/OTHER</b>			
	<i>BALANCED</i>	R1TE AEGON Balanced Ret Opt (Class: N/A)	_____ .0%
		R0AI American Funds Balanced Ret Opt (Class: R-5)	_____ .0%
	<i>TARGET DATE INVESTMENT CHOICES</i>	R1UL Transamerica LifeGoal Retirement with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1UN Transamerica LifeGoal 2025 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1WG Transamerica LifeGoal 2030 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R215 Transamerica LifeGoal 2035 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1WH Transamerica LifeGoal 2040 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1UP Transamerica LifeGoal 2045 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1WI Transamerica LifeGoal 2050 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1X8 Transamerica LifeGoal 2055 with BlackRock Ret Opt (Class: N/A)	_____ .0%
		R1J1 Transamerica LifeGoal 2060 with BlackRock Ret Opt (Class: N/A)	_____ .0%

**Total for all investment choices must equal 100%: 100.0%**

**5. AUTHORIZATION AND SIGNATURE**

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in this form. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan. By authorizing a payroll deduction, I understand I am electing to contribute a portion of my salary to the The MBCI Tribal Government Services 401(k) Plan. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Mississippi Band of Choctaw Indians, the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the plan administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the plan administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this enrollment/change form. I understand I may modify my contribution rate prospectively, at the time I notify plan administrator in writing, consistent with the plan terms. Notification of a discrepancy must be received within four weeks of first contribution, otherwise we will assume you are in accordance with said elections.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT SIGNED FORM TO YOUR PLAN ADMINISTRATOR**

**FOR PLAN ADMINISTRATOR USE ONLY:**

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

**FOR PLAN ADMINISTRATOR USE ONLY:**

Transamerica, 4333 Edgewood Road NE, Mail Drop 0001  
Cedar Rapids, IA 52499  
Fax#: 866-846-2236

**IMPORTANT NOTES**

- If you exceed legal/plan limits on regular 401(k) contributions, the excess will be automatically re-characterize as catch-up contributions, up to the limit for catch-up contributions for the year unless you do not satisfy the age and contribution requirements to make catch-up contributions. In that case, excess contributions will be returned to you and may result in additional taxable income to you. Please consult with your tax advisor in the event you exceed IRS/plan limits.
- Your catch-up contribution election will carry over from year to year, except for one-time contributions. You may change your catch-up contribution election at any time by completing an enrollment/change form.
- The investment mix of catch-up contributions will be the same as your regular before-tax contributions. The federal limits may affect the amount you can contribute to the plan each year.
- If you are making catch-up contributions but do not satisfy both the age and contribution requirements listed as #1 and #2 above, your catch-up contributions will be re-categorized as regular before-tax contributions, rather than catch-up Contributions, at the end of the year.
- Please be aware that one-time deductions do not carry over to other periods.
- Your contributions' effective date is determined by your plan sponsor's requirements.
- Catch-up Contributions will be taken into account when calculating employer Matching Contributions.

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

**Submit this completed form to your plan administrator.**

**Beneficiary Designation**

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies), if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages must be whole percentages and total 100% for Primary Beneficiary(ies), **AND** Percentages below must be whole percentages and total 100% for Contingent (Secondary) Beneficiary(ies), if any.

**Primary Plan Beneficiary(ies)** - Will receive benefits in the event of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**Contingent Plan Beneficiary(ies)** - Will receive benefits if no primary beneficiary is living at the time of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Please print): \_\_\_\_\_

**The MBCI Tribal Government Services 401(k) Plan Beneficiary Form**

**SOCIAL SECURITY NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary.**

I, spouse of \_\_\_\_\_, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name (Please Print): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public or Plan Representative Signature Required:**

Subscribed and sworn to me before this: \_\_\_\_\_ day of: \_\_\_\_\_

Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_