

# BENEFIT PLANNING, INC.

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ANTHONY S. DELFINO  
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## Changes in Enrollment

- Employees are only permitted to change the amount of their salary deferral as per the Plan Document. Refer to the Enrollment materials for more information. However, employees are permitted to stop deferring at any time.
- For changes in the amount of salary deferral, an employee should complete a Change Deferral Amount Only Form.
- To redirect their current investments, to change how new contributions are invested, or to review their account balance, an employee should refer to instructions contained in the Enrollment Kit. These tasks can be accomplished through access to their account by a toll-free telephone voice response system and through an interactive web site. A representative is available through the toll-free service to assist the Participant in their transactions.

BENEFIT PLANNING, INC.  
**EMPLOYEE DIRECTED SALARY DEFERRAL**  
Roth 401(K) PLAN

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**Participant Information** (Please Print Information Clearly)

Employer:

Employee Name:

Social Security #:

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**Contribution Election**

I elect to participate and contribute       % or \$       of compensation per pay period on a *pre-tax* basis. Maximum contribution: 100% of compensation, up to \$15,000 in 2006.

I elect to participate and contribute       % or \$       of compensation per pay period on a *post-tax (Roth)* basis. Maximum contribution: 100% of compensation, up to \$15,000 in 2006.

I elect not to make contributions until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

**Catch-up Contributions:** I elect to participate and contribute an additional       % or \$       of compensation per pay period on a       pre-tax       post tax basis.

Note: If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan you are entitled to make additional "catch-up" contributions of up to \$5,000 for 2006.

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please print, sign and forward this form to your HR Department**