

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN
ENROLLMENT & INVESTMENT SELECTION FORM**

POST-TAX (FISHERIES LOCATION ONLY)

Participant Information

Name: _____ SSN: _____

Mailing Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Hire Date: _____

Purpose of Form

Please check one of the following options:

- Enrollment.** Complete the entire form.
- Suspend.** Stop my contributions effective _____
- Change.** Complete only the items you wish to change.
- Decline.** I do not wish to participate in the plan.

I understand that if I fail to make an investment election my contributions will be deposited in the plan's default investment, VanKampen Equity & Income Fund, and will remain in the default investment until I make an investment election and transfer request.

Contribution Amount

I authorize my employer to deduct from my eligible compensation on a **after-tax basis** \$_____ each pay period and to contribute that amount to the plan on my behalf (minimum: \$5.00, maximum: 75% of your compensation).

Investment Selection	
Future Contributions <i>Complete this section when first enrolling or to change future investment contributions.</i>	
Stable Value Option Morley Stable Value Fund	%
Interim Bond Option PIMCO Total Return	%
Balanced Option Invesco VanKampen Equity & Income Fund	%
Value Equity Option American Funds Wash. Mutual Invest. R4	%
Large Blend Dreyfus S&P 500 Index	%
Specialty Real Estate Option Invesco VanKampen Real Estate Fund	%
Growth Option American Funds Growth Fund of Am. R4	%
International Option American Funds EuroPacific Growth R4	%
Aggressive Growth Option Delaware Small Cap Value Fund	%
Socially Responsible Neuberger Berman Socially Resp. Trust	%
Goal Manager Option Aggressive Allocation	%
Goal Manager Option Moderate Allocation	%
Goal Manager Option Conservative Allocation	%
Total	100%

Conform Ending Balances : Complete this section to transfer funds already in your account according to the percentages indicated above.

These changes to your investment selection can be made quickly and easily at www.randall-hurley.com.

To protect your account, please make sure to update your Beneficiary Designation Form.

Participant Signature: _____ Date: _____

Where to Submit Completed Form

Nez Perce Tribe
Human Resources Department
P O Box 365
Lapwai, ID 83540