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

## PRE-TAX

Participant Information				
Name:	SSN:			
Mailing Address:				
City, State, Zip Code:				
Date of Birth:	Hire Date:			
Which divisions have you worked for? Please check ALL division employment with the Nez Perce Tribe.	ns that you have ever applied since you began			
☐ Nez Perce Tribe	☐ Nez Perce Tribal Enterprises			
☐ Nez Perce Tribe Housing Authority	☐ Nimiipuu Health			
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 <b>before-tax basis</b> \$ 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	
Complete this section when first enrolling or to change future investr	ment contributions.
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	s 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:
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Where to Submit Completed Form

## **Nez Perce Tribe Nez Perce Tribal Nez Perce Tribal Housing** Nimiipuu Health **Human Resources Enterprises** Authority **Human Resources** Department Department **Human Resources Human Resources** Department Department via Standard Mail via Standard Mail via Standard Mail via Standard Mail PO Box 367 PO Box 365 or via Overnight Delivery PO Box 188 Lapwai, ID 83540 Lapwai, ID 83540 Lapwai, ID 83540 via Overnight Delivery 17500 Nez Perce Road via Overnight Delivery via Overnight Delivery 120 Beaver Grade Road 111 Beaver Grade Road Lewiston, ID 83501 111 Veterans Avenue Rm#400 Lapwai, ID 83540 Lapwai, ID 83540 Lapwai, ID 83540