Chapter Two

Plan Enrollment

Chapter Two Highlights

The success of any retirement plan is reflected in its participation rate and high plan participation is largely a result of effective employee communications.

Transamerica Retirement Services provides you and your employees with communications that are designed to guide employees towards a greater appreciation of this important benefit, as well as to help them design a customized retirement savings strategy.

You can expect an initial on-site **Enrollment Workshop to explain your retirement plan in detail** and to answer any questions your employees might have. This includes:

- ❑ Dissemination of customized enrollment kits, which include Enrollment/Change Forms
- ❑ Explanation of the "tax-deferred" retirement savings concept, including immediate and long-term benefits
- ❑ Complete description of the investment options offered in your plan—so your employees can choose the ones that best fit their financial objectives
- ❑ Instruction on the proper completion and use of required forms, as well as a general walk-through of all enrollment materials

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2.1 ENROLLMENT MATERIALS & SERVICES

Our comprehensive communications will educate and motive your employees to participate in your retirement plan. We provide everything from enrollment kits and investment guides as well as a cadre of retirement planning tools that will help make your plan successful and help your employees stay on course with their retirement strategies. Many of our materials are available in Spanish as well.

In addition you can order written materials and request enrollment workshops from the convenience of your desktop with our online tool **eKITS**.

Pre-Enrollment Materials

An effective way of promoting your company's retirement program.

- ❑ **Payroll Stuffer** – designed to encourage interest in your company's retirement plan
- ❑ **Enrollment Workshop Poster** – alerts employees of your upcoming Enrollment or Re-Enrollment Workshop

Enrollment Kit

Retirement. A journey made simple.℠ Enrollment Kit contains the information your employees need to determine their retirement planning needs and understand the benefits of plan participation. The Kit includes:

- ❑ Retirement. A journey made simple.℠ Booklet
- ❑ Simple Solutions Calculator℠
- ❑ Simple Solutions Workbook℠ with Worksheet enclosed
- ❑ Investment options Made Simple℠ Fund Summaries and Fund Performance Overview
- ❑ Plan Enrollment/Change and Rollover forms

Enrollment Workshop

Enrollment Workshops are the most effective way to educate your employees about your retirement plan. Since employee understanding of plan benefits is critical to the success of your retirement plan, we offer Enrollment workshops on site, on the web as well as over the phone.

2.1 ENROLLMENT MATERIALS & SERVICES *Cont.*

Review your Plan Service Agreement for specific information on requirements for Enrollment Workshops and enrollment kits.

On-site Enrollment Workshop

Transamerica's Education Consultants are available to conduct on-site Enrollment Workshops to explain your retirement plan in detail, answer any questions your employees might have, and assist your employees in the enrollment process.

To provide on-site Enrollment Workshops at no charge, minimum attendance requirements noted on the schedule below must be met.

Total Employees in Attendance	Free Re-Enrollment Days
25-49	1
50 - 74	2
75 - 99	3
100 - 124	4
125 – 149	5
>150	*Negotiable*

Less than 25 employees in attendance or additional days beyond free limit	**$300** *(per day, per enroller)*

In lieu of on-site enrollments, if you do not have enough attendees for Enrollment or Re-Enrollment Workshops we offer the following alternatives free of charge:

- ❑ **Enrollment via Teleconference**—Similar to an onsite enrollment workshop, we can offer you a customized conference call workshop. This is an excellent approach to providing employee education to your employees when gathering them all in one location is difficult to achieve. Instead, we provide a toll-free number to call at a pre-determined time. Employees enjoy a live enrollment presentation conducted by one of our certified education consultants. The call is customized for your plan and allows two way communication so that employees are able to ask questions during the presentation.

- ❑ **Enrollment via Web Conference**—Do your employees have access to a computer? If so, we can offer a web-based enrollment workshop. In addition to providing employees with a toll free number to call, we also

2.1 ENROLLMENT MATERIALS & SERVICES *Cont.*

provide them with an internet address to access a live PowerPoint presentation. These web based workshops are led by one of our certified Education Consultants and allow two way communication so that your employees can ask questions during the presentation.

- ❑ **Enrollment Video**—To help meet individual employee needs, we also offer our comprehensive enrollment workshop on video. This video will provide your employees with the benefits of participation in a retirement plan, basic investment information, as well as guide your employees through the Simple Solutions Workbook included in their enrollment kit.

- ❑ **Employers Guide to conducting an Enrollment Workshop**—Would you prefer to conduct your own workshops? As a companion piece for the Enrollment Video, we offer step by step instructions on how to discuss your plan with employees, before and after the video. The guide offers tips for making the meeting more successful and also offers a series of frequently asked questions and answers that may arise during your meeting.

- ❑ **Train the Trainer Program**—With this program our Education Consultants are available to train your Human Resource Professionals on how to conduct Enrollment Meetings of their own.

Tips for Successful Enrollment Workshops

To insure the success of all enrollment workshops the Plan Administrator should:

- ❑ **Make Workshops Mandatory**—All non-participating eligible employees should be required to attend. When employees don't understand the plan, they will avoid the Enrollment Workshop. Don't give them this opportunity. By requiring your employees to attend, they learn more about retirement benefits and why it behooves them to start saving. When employees learn about tax deferrals, automated savings, and how compounding interest works, they realize it is possible to achieve a comfortable retirement.

2.1 ENROLLMENT MATERIALS & SERVICES *Cont.*

- ❑ **Locate a Quiet Spot**—A separate, comfortable room is an excellent idea for an Enrollment Workshop. Choose a location that lessens the likelihood for distractions. Informal settings may also help facilitate discussion.
- ❑ **Don't Distribute Enrollment Kits prior to the meeting**—Why? Employees may forget to bring the kit on the day of the Workshop and will have difficulty following the discussion. Hand out kits as employees walk into the meeting room. In this way, you can also note who's in attendance.
- ❑ **Encourage Participation**—Use payroll stuffers, table tents, and posters to increase plan awareness. Studies show that the more enthusiastic you are about the benefits of the plan, the more likely employees are to join.

eKITS

Our Internet-based enrollment resources tool, eKITS, handles enrollment logistics in just a few clicks. Access eKITS from the convenience of your desktop through www.TA-Retirement.com to order enrollment kits, enrollment supplies or schedule Enrollment Workshops. Remember that you need 30 days advance notice and a minimum of 25 attending employees to qualify for a free re-enrollment meeting.

Requesting an Enrollment Workshops with eKITS

The Plan Administrator can determine:

- ❑ **Enrollment Workshop week, time, and location(s)**
- ❑ **Whether you want an English- or Spanish-speaking enroller**

2.1 ENROLLMENT MATERIALS & SERVICES *Cont.*

Accessing eKITS

1. Access the Transamerica Retirement Services Sponsor Web site at www.TA-Retirement.com
2. Click on the **Log In** tab
3. Enter your **User Name** and **Password**
4. Click on **Log In**
5. Select **eKITS** from the Plan Information drop-down menu
6. Select what you wish to accomplish:
   - ❑ **Order Enrollment Kits / Supplies**
   - ❑ **Request an Enrollment Workshop**

2.2 EDUCATIONAL MATERIALS & TOOLS

Retirement Planning and Investment Educational Materials

- ❑ **Retirement Planning Assessment***—a customized analysis that provides Participants with a savings goal and suggestions on how to achieve that goal
- ❑ **AdviceSolutions℠ Online Service***—analyzes a Participant's entire investment portfolio, including assets outside the plan, and provides a customized asset allocation strategy
- ❑ **Educational Payroll Stuffers**—designed to promote the benefits of plan participation and increased contributions
- ❑ **Market Volatility Brochure**—helps Participants understand market volatility and teaches them basic investment principles
- ❑ **Loan Brochure**—helps Participants make an informed decision about borrowing from their retirement account
- ❑ **Separate Accounts 101**—a basic course on separate accounts, how they differ from mutual funds, and how their value is calculated
- ❑ **Transamerica Plan Plus℠ Brochure****—information on investing in the self-directed brokerage account
- ❑ **Worth A Look Participant Newsletter**—this quarterly newsletter provides helpful, informative articles on retirement planning
- ❑ **Asset Allocation Tools**—Participants determine their "investor type," allowing them to select the appropriate retirement plan investments based on their risk tolerance

* *Available to Signature Services contracts only.*

** *Provided by* HARRIS*direct, the online brokerage of Wall Street leader Credit Harris Bank. Available to Signature Services contracts with at least $1,000,000 in assets.*

Simply log on to eKITS or contact Sponsor*Connect℠ *toll-free at (866) 498-4557 to receive any of these materials.

2.2 EDUCATIONAL MATERIALS & TOOLS *Cont.*

Participant Web Site

- ❑ **www.TA-Retirement.com**

  Our interactive Participant Web site provides your employees with a variety retirement planning tools, customized plan information, and valuable investment education information. The site also enable employees to determine an investment strategy and gives them the ability to manage their retirement account online***—including conducting transactions and monitoring their investment performance.

  **** Available to Signature Services and Alliance Service contracts.*

2.3 THE ENROLLMENT PROCESS

The Enrollment/Change Form indicates whether or not an employee chooses to enroll in the plan. It also provides you with the necessary payroll deduction information for contributions to the plan. This form can also be used later to change or stop an employee's deductions or to change beneficiary information.

It is extremely important for you to **submit forms for all newly eligible employees.** You should do this even if they do not elect investment deferrals. They will be required for testing as well as in the event an employer non-matching contribution is made.

The Enrollment/Change Form should not be completed by existing Participants who wish to make changes to their investment mix. Changes of investment mix must be made via TransDirect (800-401-TRAN) or on the Web site (www.TA-Retirement.com). Effective November, 2002, if Transamerica East receives an Enrollment/Change Form for a Participant already enrolled on the system the form will be returned with no action taken.

Submit forms for ALL newly eligible employees regardless of whether or not they elect investment deferrals.

Participant data should be printed for accuracy and ease of processing.

Do not submit forms for existing Participants who want to make investment changes—changes must be made via TransDirect® or the Web site.

Completing the Enrollment/Change Form

(a sample Enrollment/Change Form is included at the back of this chapter and chapter 4)

The employee <u>should</u>:

- **Section One**—Provide basic information. This data is being used for processing. **Make sure that Participant data is printed clearly and accurately.**
- **Section Two**—Check the appropriate box(es) to indicate the purpose for submitting the form, including:
  - ❑ Enrollment in the plan
  - ❑ Change current contribution level
  - ❑ Stop contributions
  - ❑ Stop Catch-up contributions
  - ❑ Change beneficiary designation
  - ❑ Elect not to participate
- **Section Three**—Select a contribution amount by entering a percentage of eligible pay for pre-tax contributions.

2.3 THE ENROLLMENT PROCESS *Cont.*

- **Section Four**—Check the appropriate box for Catch-up contributions. This section may not be applicable to your plan, depending on your new plan document or elections made on the EGTRRA Adoption Agreement provided to you in 2001.
- **Section Five**—Check the applicable box to authorize payroll deductions, stop contributions, or elect not to participate. The Plan Administrator and the employee must sign this section.
- **Section Six**—Select the investment allocation for contributions from the list of available funds. The selected percentages should be in <u>whole percentage</u> increments and <u>must equal 100%</u>. [These selections can later be changed via TransDirect® on the Voice Response System or on the Web site.] Do not submit forms for existing Participants who want to make investment changes—changes must be made via TransDirect® or the Web site (see Chapter 4, pages 2-13).
- **Section Seven**—Complete the Beneficiary Designation Section. The Plan Sponsor must retain a copy of the Beneficiary Designation Section and any changes. Transamerica East does not maintain designation records. Changes to the beneficiary designations may be made at any time by completing an Enrollment/ Change Form and marking the reason for the form as "I am changing my beneficiary designation."
  - ❑ To designate beneficiaries: Fill in the beneficiary name, relationship, address, and percentage of account balance that the individual should receive. A secondary beneficiary(ies) should be named in the event of the primary beneficiary's death. The percentage for the primary beneficiary(ies) should total 100% <u>and</u> the percentage for the secondary beneficiary(ies) should total 100%.
  - ❑ If additional space is needed, an additional sheet can be attached to the form.
  - ❑ If a participating employee names more than one primary or contingent beneficiary, all the surviving beneficiaries in each class will share equally unless otherwise indicated.

Beneficiary changes must be made on the Change Form and kept in YOUR files. In the event of a Participant's death, you will need to provide accurate, up-to-date beneficiary information.

Page 2 of the Enrollment/Change Form (Beneficiary Designation Form) should be detached and retained by the Plan Administrator.

2.3 THE ENROLLMENT PROCESS *Cont.*

- **Section Eight**—Beneficiary Designation/Spousal Consent. If the Participant is married, his/her spouse will automatically become the Designated Beneficiary unless a beneficiary other than the spouse is designated. In this event, the spouse must express his/her consent in writing (see Section VIII of the Enrollment/Change Form), and a plan representative or Notary Public must witness his/her signature.

  After the Participant completes and signs the form, it must be returned to you, the Plan Administrator, for signature (see Section V of the Enrollment/Change Form) authorizing payroll deductions. As the Plan Administrator, you are responsible for maintaining Participant payroll deductions and beneficiary forms.

Page 2 of the Enrollment/Change Form (Beneficiary Designation Section) should be detached and retained in your files. It should not be forwarded to Transamerica Retirement Services. In addition, all future changes to the Beneficiary Designation should not be forwarded to Transamerica Retirement Services.

2.4 401(k) DIRECT ROLLOVER

An employee may have the option of directly rolling funds from a previous employer's qualified plan into his/her new employer's qualified plan. Check your plan document to see if rollovers are accepted. An employee may roll over funds whether they are eligible to contribute to the 401(k) plan or not.

To initiate this transaction, the employee must first request the funds from his/her previous plan by completing the previous plan's distribution form and marking "Direct Rollover" as the type of distribution. The check should be made payable to "Transamerica Retirement Services FBO [participants name]." The Participant should request that your plan's contract number and their Social Security Number be included on the check. The check should be mailed to the Participant or to you so that it can be attached to the completed Transamerica Rollover Form. (See instructions for completing the Rollover Form on the next page.) When an employee wants to make payroll deductions in addition to rolling over funds, complete both of these forms:

- ❑ Transamerica Enrollment/Change Form
- ❑ Transamerica Rollover Form

The Transamerica Rollover Form should be used to select an investment allocation for funds being rolled over. Investment allocations selected on the Transamerica Enrollment/Change Form do not apply to rollover funds.

The rollover check attached to the rollover form should be mailed to TA East at:

100-G Executive Dr.
Edgewood, NY 11717-8331

Investment elections from the Enrollment/Change Form do not apply to rollover funds.

2.5 TRANSAMERICA ROLLOVER FORM INSTRUCTIONS

(A sample Rollover Form is included at the back of this chapter.)

The employee <u>should</u>:

- **Section One**—Provide basic information.
- **Section Two**—Provide previous plan information.
- **Section Three**—Select the kind of rollover for tax purposes.
- **Section Four**—Complete the investment allocation section, assigning a percentage or dollar amount to each as applicable. Allocations must be in whole numbers and total 100%.
- **Section Five**—Provide the direct rollover amount. The Participant must certify the information by signing and dating the document.
  - ❑ If the check is made payable to the Plan Sponsor, the Trustees of the plan must write on the back of the check, "Make payable to Transamerica, for the benefit of (FBO) [participant name]," and must sign the back of the check as well.

(Note: Section numbering may vary, depending on your new plan document or elections made on the EGTRRA Adoption Agreement provided to you in 2001.)

The Plan Administrator should verify all of the information, then sign and date the form(s), authorizing the direct rollover into the plan.

2.6 ENROLLMENT FORMS NOT RECEIVED

Contributions will be allocated to the selected default fund for Participants from whom we have not received Enrollment/Change Forms. These participants will not receive access to TransDirect® until an Enrollment/Change Form is received and processed.

Upon receipt of the Enrollment/Change Form, Transamerica Retirement Services will activate the Participant's account and update the system of the allocation percentages for future contributions, then authorize the Participant's use of TransDirect®. If existing funds are invested in the default fund, **Participants must call TransDirect®** to transfer their balance to the selected options. If the Participant has not received his/her PIN card, the Plan Administrator must call 1 (866) 498-4557 to request it.

If funds are invested in the default fund, the Participant must call TransDirect or log on to the Web site to transfer the balance to the desired options.

The Custom Corp. Transamerica Director Series I
Enrollment/Change Form

Use this form only to designate your investment choices for *future* contributions. To transfer existing Plan account balances use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

1. Employee Information - Please Print

Mr. ☐ Mrs. ☐ Ms. ☐

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS / APT. NO.

CITY STATE ZIP

☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

☐☐/☐☐/☐☐ DATE OF BIRTH

DATE OF H[illegible]

☐ MARRIED ☐ NOT MARRIED

2. Reason for Form - Check One:

☐ I am eligible and am enrolling in the Plan. (Complete sections 1, 2, 3, 4, 5, 6, 7 and/or 8)

☐ I am changing my current contribution levels and/or future investment mix. (Complete sections 1, 2, 3, 4, 5, and/[illegible]

☐ I am stopping all of my contributions. (Complete sections 1, 2, and 5)

☐ I am stopping my Catch-up contri[illegible] (Complete sections 1, 2, 4, and [illegible]

☐ [illegible]ing [illegible]nef[illegible] designa[illegible]. [illegible]omp[illegible]ctio[illegible] 2, 7, [illegible]

☐ [illegible]ect not [illegible]ake [illegible]ibution[illegible]he Plan at this [illegible] (Com[illegible] sec[illegible]1, 2, and 5)

3. Contributio[illegible]unt

Before-Tax Contribu[illegible]s:

I wish to contribute the [illegible]tag[illegible] pay on a before-tax basis:

I wish to contribute: ☐

Note: The IRS limits may affect the amount you can contribute to the Plan each year.

4. Catch-up Contri[illegible]tion

Complete only if: 1) you will be at least 50 by the end of the year and 2) you are contributing the maximum contribution percentage permitted by the Plan or will reach the federal maximum contribution limit by the end of the year.

☐ I am eligible and wish to make the **maximum** Catch-up Contribution: $2,000 in 2003 $3,000 in 2004 $4,000 in 2005 $5,000 in 2006 and indexed thereafter. (*If your Plan is a SIMPLE 401(k) Plan, the Catch-up Contribution limits are one-half of those listed above. These amounts will be automatically deducted each year. To stop or change this contribution amount, you must complete an Enrollment/Change Form.)

☐ I am eligible and wish to make Catch-up Contributions in the amount of $___________. Catch-up Contributions must be in whole dollars. This amount will be automatically deducted each year. To stop or change this contribution amount, you must complete an Enrollment/Change Form.

☐ I am eligible but do not wish to make Catch-up Contributions at this time.

*Amounts exceeding legal/Plan limits on regular 401(k) contributions will be automatically recharacterized as Catch-up Contributions up to the limit for Catch-up Contributions for the year as shown above.

Note: 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.

5. Authorization and Signature

☐ I hereby authorize payroll deduction of Plan contributions in accordance with the level(s) I have indicated in Section 3. 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. I acknowledge that I could have received these amounts in cash rather than contribute them to the The Custom Corp. Transamerica Director Series I. 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 <COMPANY NAME>, the Plan Trustee, their affiliates nor their investment options will be liable for any loss when acting upon my instructions believed to be genuine.

EMPLOYEE SIGNATURE DATE

PLAN ADMINISTRATOR SIGNATURE DATE

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

6. Investment Mix

Please invest *future* Plan contributions as indicated below, in whole percentage increments:

The Custom Corp. Transamerica Director Series I Funds

	% of Contribution
Small Company Equity	
Fund 1	%
International Equity	
Fund 2	%
Large/Mid Growth Equity	
Fund 3	%
Large/Mid Blend Equity	
Fund 4	%
Large/Mid Value Equity	
Fund 5	%
Fund 6	%
Hybrid	
Fund 7	%
Fund 8	%
Fund 9	%
Fund 10	%
Fund 11	%
High Yield Bond	
Fund 12	%
Bond	
Fund 13	%
Cash Equivalents	
Fund 14	%
Total For All Investment Options (Sum of elections must total 100%)	%

To transfer existing Plan account balances with Transamerica Retirement Services do not use this form. Use the toll free number, if applicable, or contact your Plan Administrator.
You must complete a Beneficiary Designation Form.

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

___-__-____

SOCIAL SECURITY NUMBER

The Custom Corp. Transamerica Director Series I
Beneficiary Designation Form

7. Beneficiary Designation

I name the following individual(s) to receive my Plan benefits in the event of my death. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the Plan and/or any policy/contract issued thereunder.

Primary Beneficiary Name		Social Security Number	
Relationship		Date of Birth	Percentage
Street Address / Apt. No.	City	State	Zip

Secondary Beneficiary Name		Social Security Number	
Relationship		Date of Birth	Percentage
Street Address / Apt. No.	City	State	Zip

You may name anyone you wish as your beneficiary. However, if you are married and you name someone other than your current spouse as beneficiary for all or part of your benefits payable, your spouse must consent to the beneficiary designation and complete Section 8. If your spouse does not complete Section 8 below, your beneficiary will be your spouse. Remember that changes in marital status can affect your beneficiary designations, so be sure to keep your designation current.

Unless you state otherwise, all beneficiaries will share equally. If no beneficiary survives you, settlement will be made as provided in the Plan.

Participant Signature	Signed at [City and State]	Date

Participant Name - Please Print

8. Spousal Consent

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.

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	Spouse Signature	Date

Notary Public or Plan Representative Signature Required:

Subscribed and sworn to me before this__________________day of_________________, ______

Signature	State	County

The Custom Corp. Transamerica Director Series I
Rollover Form

Four Simple Steps

1. Contact your Plan Administrator or refer to your Summary Plan Description to make sure you're eligible to roll over your Plan account balance from a prior qualified retirement plan.
2. Contact your prior Company and request a rollover distribution. If you have an IRA, contact your IRA investment manager and request a withdrawal. Be sure to have the distribution check made payable to **Transamerica** and have it sent directly to you.
3. Complete the Rollover Form below.
4. Submit the Rollover Form along with the distribution check to your Plan Administrator.

1. Employee Information - Please Print

Mr. ☐ Mrs. ☐ Ms. ☐

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS / APT. NO.

CITY   STATE   ZIP

☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER   ☐☐/☐☐/☐☐☐☐   ☐☐/☐☐/☐☐☐☐ DATE OF HIRE   ☐ MARRIED   ☐ NOT MARRIED

2. Previous Plan/IRA Information

NAME OF PRIOR PLAN

CHECK ONE:*

☐ 401(k) ☐ Profit Sharing ☐ Money Purchase ☐ Other 401(a) ☐ Conduit IRA ☐ 401(b) ☐ Government 457 ☐ Traditional IRA

*Your Plan may not accept rollovers from all plan types listed above. Contact your Plan Administrator to make sure your rollover qualifies.

PERSON TO CONTACT   PHONE NUMBER (   )   –

MAILING ADDRESS

CITY   STATE   ZIP

3. Tax Information

☐ All of this distribution amount would be taxable to me if I did not roll it over.

☐ This rollover includes after-tax contributions in the amount of $_____________. The remainder would be taxable income to me if I did not roll it over.

☐ No part of this rollover is a minimum required distribution.

☐ No part of this rollover is a hardship withdrawal.

You must complete a Beneficiary Designation Form. If you have not already completed an Enrollment/Change Form or Beneficiary Designation Form contact your Plan Administrator.

YOUR NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER ___-__-____

4. Investment Mix

Please invest my rollover contributions of approximately $__________________ as indicated below, in whole percentage increments:

For example:	To enter 5%	0 0 5	%
	To enter 50%	0 5 0	%

The Custom Corp. Transamerica Director Series I Funds

	% of Contribution
Small Company Equity	
Fund 1	______%
International Equity	
Fund 2	______%
Large/Mid Growth Equity	
Fund 3	______%
Large/Mid Blend Equity	
Fund 4	______%
Large/Mid Value Equity	
Fund 5	______%
Fund 6	______%
Hybrid	
Fund 7	______%
Fund 8	______%
Fund 9	______%
Fund 10	______%
Fund 11	______%
High Yield Bond	
Fund 12	______%
Bond	
Fund 13	______%
Cash Equivalents	
Fund 14	______%
Total For All Investment Options (Sum of elections must total 100%)	%

5. Employee Authorization

I wish to contribute a single sum rollover in the amount of $____________________, which represents a distribution from another qualified retirement plan. **A check made payable to Transamerica is attached.** I understand the withdrawal restrictions that apply to these contributions.

EMPLOYEE SIGNATURE DATE