AMSG Your bridge to retirement
ASSET MANAGEMENT SERVICES GROUP, Inc.

The Best 401k

Enrollment Form

Employee Name: ____
Address:_______________________City_______________State____Zip_____
Home Phone:_____________________ Business Phone: ___________________
Email:____
Drivers License #:_________________Driver License Expiration Date:___________
Social Security #: _________________ Date of Birth: ____________________

Plan Participation Choice:
I wish to make a pre-tax elective deferral of $ __________or __________% per pay.

Please invest my 401k as follows:	**$ Amount**	**or % of Gross Pay**
AMSG Profile Portfolios:		
☐ AMSG Conservative	________	__________
☐ AMSG Growth	________	__________
☐ AMSG Maximum Growth	________	__________
☐ AMSG Combo Portfolio (funds/etf's/stocks)	________	__________
☐ Self-Direct	________	__________
☐ Money Market	________	__________
Mutual Funds/ETF's/Stocks/Bonds:		
☐ __________________	________	__________
☐ __________________	________	__________
☐ __________________	________	__________
☐ __________________	________	__________

Employee Understanding:
The risks inherent in each of my investment options has been explained and understood. I understand that neither Asset Management Services Group, Inc. or my employer are responsible for my investment choices or their performance.

Dated: ______________ Employee Signature: ______________________________

Beneficiary Designation

The following individual(s) shall be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary.

If neither is checked, the individual will be deemed to be a primary beneficiary.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of my remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survive me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan balance.

Name and Address	Birth Date	Social Security#	Relationship	Type of Beneficiary	Share%*
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	
				☐ Primary ☐ Contingent	

***PLEASE NOTE: Type of beneficiary is required. The total percentage for primary beneficiaries must equal 100%. The total percentage for contingent beneficiaries must equal 100%. If additional space is required, please attach a separate sheet with additional beneficiaries.**

☐I have attached a separate sheet with additional beneficiaries.

Signatures:

X ____ Date ______________

Participants Signature