

**SYNECTICS 401(k) PLAN ENROLLMENT**

**The Synectics Inc. Investment Savings Retirement Plan**

**342005-01**

Plan Name

Plan ID Number

**EMPLOYEE INFORMATION** *Please print.*

Marital Status:  Married  Single

_____	_____	_____	
First (Full Legal Name)	Middle	Last	
_____	_____	_____	
Date of Birth	SSN	Country of Citizenship	
_____	_____	_____	_____
Current Address of Residence (No P.O. Boxes)	City	State	Zip
_____	_____	_____	_____
Mailing Address (if different from above)	City	State	Zip

**I ACCEPT ENTRY - I authorize Synectics to withhold from my wages each pay period:**

**Regular Contributions:**

Before-tax \_\_\_\_\_ % or \$ \_\_\_\_\_  
*Between 1% - 25%*

After-tax Roth \_\_\_\_\_ % or \$ \_\_\_\_\_  
*Between 1% - 25%*

**Catch-up Contributions:**

Before-tax catch-up \_\_\_\_\_ % or \$ \_\_\_\_\_  
*Between 1% - 25%*

After-tax Roth catch-up \_\_\_\_\_ % or \$ \_\_\_\_\_  
*Between 1% - 25%*

*Total contribution may not exceed 25% of your gross wages per pay period.*

***Please sign and date this page. Proceed to the following pages to provide further required information.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Next! Select your investment plan(s) ➔**

## INVESTMENT OPTIONS

Invest my contributions as follows (Only whole number percentages will be accepted; must total 100%):

<i>Please circle</i>	INVESTMENT NAME	WHOLE NUMBER %
1	American Funds AMCAP	
2	American Funds EuroPacific Growth	
3	American Funds Growth Fund of America	
4	American Funds New Perspective Fund	
5	Black Rock Global Allocation Investment A	
6	Federated Kaufmann A	
7	American Funds Cap World Growth & Income	
8	American Funds Fundamental Investors	
9	American Funds Washington Mutual Investment Fund	
10	Franklin Small Cap Value A	
11	American Funds Capital Income Builder	
12	American Funds American Balanced	
13	American Funds Bond Fund of America	
14	Black Rock US Government Bond Investment A	
15	Lord Abbett Short Duration Income A	
16	Western Asset Core Bond A	
17	American Funds Money Market Fund	
18	American Funds Target Date 2060	
19	American Funds Target Date 2055	
20	American Funds Target Date 2050	
21	American Funds Target Date 2045	
22	American Funds Target Date 2040	
23	American Funds Target Date 2035	
24	American Funds Target Date 2030	
25	American Funds Target Date 2025	
26	American Funds Target Date 2020	
27	American Funds Target Date 2015	
28	American Funds Target Date 2010	
		<b>100%</b>

Any contributions to participant accounts (conversion assets, payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

***Please sign and date this page. Proceed to the following pages to provide further required information.***

Signature

Date

**Next! Name your Beneficiaries ➡**

# 401(k) BENEFICIARY DESIGNATION

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate. If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs the Spousal Consent on the next page. If the beneficiary percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally.

## INFORMATION ABOUT YOU *Please print.*

Marital Status:  Married  Single

_____	_____	_____
First (Full Legal Name)	Middle	Last
_____	_____	Synectics Inc.
Date of Birth	SSN	Employer

## YOUR PRIMARY BENEFICIARY(IES) *Please print.*

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary (ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds according to the terms of the plan document.

1.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	
2.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	
3.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	
		<b>Total:</b>	<b>100%</b>

I have no beneficiaries that I wish to name.

*Please sign and date.*

_____	_____
Signature	Date

Next! Name your Contingent Beneficiaries. If not applicable, continue on to Page 5 ➡

**401(k) BENEFICIARY DESIGNATION**

**The Synectics Inc. Investment Savings Retirement Plan** 342005-01  
Plan Name Plan ID Number

**YOUR CONTINGENT BENEFICIARY(IES)** *Please print.*

If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary’s share will be paid according to the terms of the plan document.

1.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	
2.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	
3.	_____	_____	_____ %
	Full Name, including middle initial	Relationship	Percent
	_____	_____	
	Date of Birth (MM/DD/YYYY)	SSN	

*Please print, sign and date.*

_____	_____
Signature	Date
_____	
Print Name	

**SPOUSAL CONSENT** *The signature of the spouse must be witnessed by either a plan representative or a notary public.*

I am the spouse of the participant named above. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified above. I understand that the effect of such designation is to cause my spouse’s death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

\_\_\_\_\_

<b>X</b>	_____	_____
	Signature of Participant’s Spouse	Date (MM/DD/YYYY)

*Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse.*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)  
in the County of \_\_\_\_\_ State of \_\_\_\_\_

_____	_____
Name of plan representative	Signature of plan representative

OR

_____	_____
Signature of Notary Public (if applicable)	Date Commission Expires (MM/DD/YYYY)

**Next! Electronic Communications** ➔

Synectics is required to send documentation from time to time to 401(k) Plan Participants, including Summary Plan Descriptions, Summary Annual Report, Qualified Default Investment Alternative, Notice of Plan Changes, and Participant Fee Disclosure.

While you are employed by Synectics, this communication will be sent to you via Bulletin Notification alerts within the Synectics online Timekeeping System. These online documents will remain available for you to access, read, and print. In addition, you may request a paper copy (free of charge) to be sent to your home address by sending an email to [HR@Synectics.com](mailto:HR@Synectics.com) or by mailing us at 135 South LaSalle Street, Suite 2050, Chicago, IL 60603.

When you are no longer our employee, we can send these notifications to you via US mail or to the email address you have provided to us. To receive electronic notifications, you will need access to a computer, an Internet email account, and a PDF reader, such as Adobe Reader.

Please check the appropriate box below to indicate your preference for receiving these important 401(k) Plan notices.

You may change your preference at any time by sending an email to [HR@Synectics.com](mailto:HR@Synectics.com) or by mailing us at Synectics Inc., 135 South LaSalle Street, Suite 2050, Chicago, IL 60603.

You may update your email and your US mail address with us at any time by sending an email to [HR@Synectics.com](mailto:HR@Synectics.com) or by mailing us at Synectics Inc., 135 South LaSalle Street, Suite 2050, Chicago, IL 60603.

*Please check one box below.*

**I authorize Synectics to send all communications regarding the Synectics 401(k) Plan to me electronically**, via the Synectics Online Timekeeping System (while I am an employee of Synectics), or to the email address I have provided to Synectics (when I am no longer employed by Synectics). I will inform Synectics immediately of any change to my email address by contacting Synectics as described above. I understand that I have the right to withdraw this authorization at any time by contacting Synectics as described above.

**I wish to receive all communications regarding the Synectics 401(k) Plan via US mail** to the address I have provided to Synectics. I will inform Synectics immediately of any change to my mailing address by contacting Synectics as described above. I understand that I may request electronic communications at any time by contacting Synectics as described above.

*Please sign and date this page.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name