

ENROLLMENT FORM

Community Living Centers, Inc. 401(k) Plan



* E N R O L L M E N T * 1 *

0000-00-0000

Social Security #

Employee Name (Last, First, Middle)

Employee Name (Last, First, Middle)

Address (Street)

Address (Street)

(Apt. # / PO Box#)

(City) (State) (Zip Code)

(City)

(State)

(Zip Code)

Birth Date: Month Day Year

Birth Date:

Month

Day

Year

Hire Date: Month Day Year

Hire Date:

Month

Day

Year

I DECIDE HOW MUCH TO SAVE (Use whole percentages)

If you do not complete this Enrollment Form, 3% of your before-tax earnings from each paycheck will be deducted automatically and contributed to your Plan account. These contributions will be invested in the plan default fund unless you make an election in Section II.A.

401(k) before-tax contribution election: %

Enroll me in SaveSmart, which will automatically increase my before-tax contribution rate 1% every year in the month of my plan enrollment anniversary until my contribution rate reaches 10% or my plan's maximum, whichever is less. I understand that I may modify or cancel my election at any time by accessing my account online at www.mykplan.com.

Automatically rebalance my entire account balance to match my most recent contribution election: Quarterly Semi-annually Annually

II CHOOSE YOUR INVESTMENTS on the following page(s)

III ACKNOWLEDGMENT AND SIGNATURE

Check (✓) only the box that applies, then sign and date the form below. I have read and I understand the Summary Plan Description and Participant Fee Disclosure Statement, have completed the Beneficiary Form, and agree to be bound by the provisions of the Plan. I have also reviewed a description of each of the funds, and understand the objectives, risks, expenses and charges associated with each.

I authorize the company to make the necessary payroll deductions from my compensation as indicated in Section I of this form. This election will remain in effect until I elect to change or to discontinue the payroll deductions. Furthermore, I understand that if I fail to complete the investment election in Section II. A, I will be deemed to direct that future contributions and my conversion account balance (if applicable as described above) will be invested in the plan default fund.

I decline enrollment and I hereby direct that my prior account balance will be invested in the plan default fund if I have failed to complete the investment elections in Section II.A. (If applicable)

In an effort to eliminate or reduce the negative effects of short-term trading and market timing, many investment companies have established excessive trading and/or redemption fee policies for certain investments. ADP Retirement Services, whenever possible, implements the investment company's market timing policy (please review the fund's prospectus for information on a specific fund company's policies). However, there are instances when in consultation with an investment fund company, ADP Retirement Services may impose a market timing policy which the individual fund company has agreed to or requested that is different than the policy in the fund's prospectus. Because investment options in your retirement savings plan may be subject to these policies, please refer to your Web site (or, if the Web site is not available to you, call a Service Representative) for additional information.

Signature of Employee/Participant

Signature of Employee/Participant

Date

Date

(form continues on back ->)

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Recordkeeping Plan #

Recordkeeping Plan #

Company Code

Company Code

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Date Received:

Plan Administrator Approval:

000001_ENG_010001

