

**Weiser Security Services, Inc.**  
401(k) Plan  
Enrollment Form and Salary Deferral Agreement

Participant's Name _____	Date _____
Address _____	Soc Sec No. _____
Address _____	Date of Birth _____
City, State and Zip _____	Date of Hire _____

I hereby elect to become a Participant in the 401(k) Plan on..... \_\_\_\_\_  
Date

As a Participant, I hereby authorize the Employer to deduct the following percent of my compensation which I understand will be contributed by the Employer to the Plan for allocation to my account.

Contribution percentage to deduct from my Compensation: \_\_\_\_\_

I am presently a Participant in the 401(k) Plan. As a Participant, I hereby authorize my Employer to change the amount it deducts from my Compensation, as follows:

Change deduction percent from \_\_\_\_\_ to \_\_\_\_\_.

Special election with respect to Bonus. I hereby elect to defer the following amount of my bonus to the 401(k) Plan. If this special election is not made my normal deferral election percentage will be automatically withheld.

Deferral percent \_\_\_\_\_ or deferral flat amount \_\_\_\_\_

I further understand that I may not again authorize payroll deductions until the first day of the next quarter.

If payroll deductions are being discontinued because of a hardship distribution, I may not again authorize payroll deductions for a period of six months from the date of this notice.

I understand that if I am married, my Spouse is entitled to any death benefit arising under the Plan, unless he or she consents to a different beneficiary designation on my Survivor Benefit Election form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## Survivor Election Benefit Form

Participant's Name \_\_\_\_\_ Soc Sec No. \_\_\_\_\_

As a Participant in the above Plan, I hereby designate the following individual(s) as my primary and alternate Beneficiaries in the event of my death prior to the date on which my benefits commence to be paid under the Plan. If I have designated a non-Spouse Beneficiary, my Spouse has consented to the designation on the following page.

### Primary Beneficiary

Beneficiary (ies)		
Address		
City, State, Zip Code		
Birth Date		
Social Security No.		
Relationship		
Percentage		

If my Primary Beneficiary(ies) is (are) deceased at my death, I designate the following as my Alternate Beneficiary(ies) under the terms of the above Plan.

### Alternate Beneficiary

Beneficiary (ies)		
Address		
City, State, Zip Code		
Birth Date		
Social Security No.		
Relationship		
Percentage		

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### Form of Payment

Any Death benefit due my designated Beneficiary or Beneficiaries shall be payable as a Lump Sum.

### Spouse's Consent

I hereby approve of, and consent to, the Beneficiary designation and/or payment option adopted by my spouse as provided above. I understand that I am entitled to receive a Spouse's benefit under the Plan unless I consent to a different Beneficiary designation or form of payment. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid in either a different form or to another beneficiary or both. I further understand that my Spouse may not change the Primary Beneficiary designation on the above page without first obtaining my written consent.

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Participant's Certification, If No Spouse

- I hereby certify that I am not now married nor have a common-law spouse in a common-law state and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.
- I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a qualified domestic relations order.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date