



ENROLLMENT FORM

Social Security Number

□□□-□□-□□□□

Plan Number: 42449

Plan Name: Talent Logic, Inc. Employee Savings Plan

Participant Information

Participant Name:

Last

First

Middle Initial

Participant Address:

Street

City

State

Zip

Hire Date: _____

Birth Date: _____

I want to: (Select one) Enroll Waive my right to make contributions at this time

Pretax Deferral Contribution Election

Please indicate the pretax percentage you wish to defer from your salary each payroll period. If you are or will be age 50 or older by the end of the taxable year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer.

I elect to contribute each payroll period the following percentage of my eligible Compensation on a **PRETAX** basis:
_____ %.

(Your total pretax deferral and Roth 401(k) election(s) cannot exceed 60% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax and Roth 401(k) deferral contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)

Roth 401(k) Contribution Election

Please indicate the percentage you wish to defer from your salary as a designated Roth 401(k) contribution each payroll period. These amounts will be includible in your income for the year in which they are deferred. If you are or will be age 50 or older by the end of the taxable year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer.

I elect to contribute each payroll period the following percentage of my eligible Compensation as a Roth 401(k) contribution:
_____ %.

(When combined, your total pretax deferral and Roth election(s) cannot exceed 60% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax and Roth 401(k) deferral contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)



Note: The total of your Contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law.

Investment Elections

I choose to invest my Account as follows:

(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%)

<u>Permissible Investment Option</u>	<u>Name</u>	<u>Ticker Symbol</u>	<u>Fidelity Fund Code</u>	<u>Percentage</u>
1	Fidelity® Contrafund®	FCNTX	0022	_____
2	Fidelity® Equity-Income Fund	FEQIX	0023	_____
3	Fidelity® Growth Company Fund	FDGRX	0025	_____
4	Fidelity® Growth & Income Portfolio	FGRIX	0027	_____
5	Fidelity® Intermediate Bond Fund	FTHRX	0032	_____
6	Fidelity® Value Fund	FDVLX	0039	_____
7	Fidelity® OTC Portfolio	FOCPX	0093	_____
8	Fidelity® Overseas Fund	FOSFX	0094	_____
9	Fidelity® Balanced Fund	FBALX	0304	_____
10	Fidelity® Capital Appreciation Fund	FDCAX	0307	_____
11	Fidelity® Blue Chip Growth Fund	FBGRX	0312	_____
12	Fidelity® Stock Selector Small Cap Fund	FDSCX	0336	_____
13	American Beacon Large Cap Value Fund Investor Class	AAGPX	OFA2	_____
14	Fidelity® Stock Selector Large Cap Value Fund	FSLVX	0708	_____
15	Victory RS Partners Fund Class A	RSPFX	OQWY	_____
16	Fidelity® Stock Selector Mid Cap Fund	FSSMX	2412	_____
17	Fidelity® Government Money Market Fund	SPAXX	0458	_____
18	Fidelity® 500 Index Fund	FXAIX	2328	_____
19	Fidelity Freedom® Income Fund Class K	FNSHX	3019	_____
20	Fidelity Freedom® 2010 Fund Class K	FSNKX	3021	_____
21	Fidelity Freedom® 2020 Fund Class K	FSNOX	3023	_____
22	Fidelity Freedom® 2030 Fund Class K	FSNQX	3025	_____
23	Fidelity Freedom® 2040 Fund Class K	FSNVX	3027	_____
24	Fidelity Freedom® 2005 Fund Class K	FSNJX	3020	_____
25	Fidelity Freedom® 2015 Fund Class K	FSNLX	3022	_____
26	Fidelity Freedom® 2025 Fund Class K	FSNPX	3024	_____
27	Fidelity Freedom® 2035 Fund Class K	FSNUX	3026	_____
28	Fidelity Freedom® 2045 Fund Class K	FSNZX	3028	_____
29	Fidelity Freedom® 2050 Fund Class K	FNSBX	3029	_____
30	Fidelity Freedom® 2055 Fund Class K	FNSDX	3030	_____
31	Fidelity Freedom® 2060 Fund Class K	FNSFX	3031	_____
32	Fidelity Freedom® 2065 Fund Class K	FFSDX	3416	_____
			Total	100%

Signatures

I understand that my contribution election(s) will become effective on the first payroll period that my Employer can reasonably process it/them and that my contribution election(s) will continue in effect until I change or revoke it/them or terminate

my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated in the Contribution Election section(s) above and to make such contribution(s) to the Plan on my behalf. I understand that my Plan permits catch-up contributions and if I am age 50 or older during the taxable year, any amounts in excess of otherwise applicable limits shall be treated as a catch-up contribution to the extent permitted under Code Section 414(v). I understand that I have the right to obtain prospectus(es) for more information about the Plan's investment options by contacting Fidelity at 1-800-835-5097 or www.netbenefits.com. I understand that the investment elections indicated above will apply to all contributions (except rollover contributions) on my behalf to this Plan and these investment elections will continue in effect until I change them.

PARTICIPANT _____ *DATE* _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) _____ *DATE* _____

PLAN ADMINISTRATOR (print name): _____

* Please print and sign your name in the spaces above.

Note: The Plan Administrator must provide certain information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

Form Completion Checklist

- | | |
|---|--|
| <input type="checkbox"/> Participant's social security number | <input type="checkbox"/> Participant signature |
| <input type="checkbox"/> Investment elections (whole percentages totaling 100%) | <input type="checkbox"/> Plan Administrator printed name |
| <input type="checkbox"/> Deferral election present | <input type="checkbox"/> Plan Administrator signature |

This page intentionally left blank.

DESIGNATION OF BENEFICIARY FORM

Social Security Number

□□□-□□-□□□□

Plan Number: 42449

Plan Name: Talent Logic, Inc. Employee Savings Plan

Participant Information

Note: The accompanying instructions are an integral part of this form and you should use them to assist you.

Name: Last First Middle Initial
Address: Street
City State Zip
Marital Status: Single Married

Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election on this form. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary(ies)

In the event that there are no living primary Beneficiaries at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Signatures

I understand that if there is no designated Beneficiary upon my death, payment of my Account shall be made to my surviving spouse, or, if none, my estate. I reserve the right to revoke or change any Beneficiary designation. By designating the Beneficiary(ies) above, I

hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.
(Note: If you are married, see the second page of this form for applicable spousal consent requirements.)
Please return this form to the Plan Administrator after you have completed it.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form. PLAN ADMINISTRATOR (Authorized signer) _____ DATE _____ PLAN ADMINISTRATOR (print name): _____
--

Note: The Plan Administrator will maintain possession of this form.

The Plan requires a married Participant's spouse to consent to the Designation of Beneficiary if the Participant elected to waive the pre-retirement survivor annuity. Therefore, if you intend to designate more than 100% of your vested Account balance to a primary Beneficiary other than your spouse, then your spouse must consent to waive the pre-retirement survivor annuity on a separate Waiver of Pre-Retirement Survivor Annuity form provided by the Plan Administrator and consent to the Beneficiary Designation below under the Consent of Spouse section. If your spouse fails to consent to either the pre-retirement survivor annuity or the non-spouse Beneficiary designation, then upon your death the Plan will pay the pre-retirement survivor annuity to your surviving spouse and will pay your remaining Account balance, if any, to your designated Beneficiary.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____
(ss.)

COUNTY OF _____

On this _____ day of _____, _____, before me
appeared _____
who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to
be his or her free act and deed.

Notary Public

My Commission Expires: _____