

Enrollment Form	Plan Number	<b>784812</b>	
	Plan Name	<b>Catholic Health Services of Long Island 403(b) Plan</b>	
<p>You may use this form to make your initial investment selections. To change your investment elections in the future, please visit <a href="http://www.bpas.com">www.bpas.com</a> or call at 1.800.530.1272.</p>			
<b>1. Participant Information</b>			
<p>Information provided on this form will be used exclusively for administering your account and sending financial documents and information related to your plan.</p>			
Name: _____			
	Last	First	M.I.
Address _____			
	Street	City	State Zip
SSN#	_____ - _____ - _____		Marital Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	(     ) _____		Date of birth:     /     /
Date of Hire:	_____ /     /		Email Address: _____
<b>2. Beneficiary Information</b>			
Primary Beneficiary	Name: _____		Share:     %
	Last	First	M.I.
	Address: _____		
	Street	City	State Zip
	SS#: _____		Date of Birth: _____
Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Name: _____		Share:     %
	Last	First	M.I.
	Address: _____		
	Street	City	State Zip
	SS#: _____		Date of Birth: _____
Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Name: _____		Share:     %
	Last	First	M.I.
	Address: _____		
	Street	City	State Zip
	SS#: _____		Date of Birth: _____
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**4. Investment Selection (Choose either Option 1 or Option 2)****Use whole percentages only.****Option 1: Target Retirement Date Funds**

_____ TRPAX T Rowe Price Retirement 2010	_____ TRPDX T Rowe Price Retirement 2040
_____ TRFGX T Rowe Price Retirement 2015	_____ TRPKX T Rowe Price Retirement 2045
_____ TRBRX T Rowe Price Retirement 2020	_____ TRPMX T Rowe Price Retirement 2050
_____ TRPHX T Rowe Price Retirement 2025	_____ TRPNX T Rowe Price Retirement 2055
_____ TRPCX T Rowe Price Retirement 2030	_____ TRPLX T Rowe Price Retirement 2060
_____ TRPJX T Rowe Price Retirement 2035	

**Option 2: Determine your own asset allocation percentages.**

Cash and Stable Value	Equity/Stock Funds
_____ 3VGIC MetLife Stable Value (403L)	_____ NRFYX AEW Real Estate
	_____ RERGX American Funds Europacific Growth
Bonds	_____ HACAX Harbor Capital Appreciation
_____ BHYIX BlackRock High Yield Bond Inst	_____ JVMIX J Hancock Disciplined Value Mid Cap
_____ BPRIX BlackRock Inflation Protected	_____ MSGRX Meridian Small Cap Growth
_____ MWTIX MetWest Total Return Bond	_____ MEIKX MFS Value R6
_____ TGBAX Templeton Global Bond	_____ EIEMX Parametric Emerging Markets
_____ XXX	_____ RPMGX T Rowe Price Mid Cap Growth
_____ XXX	_____ VFIAX Vanguard 500 Index Admiral
_____ XXX	_____ VIMAX Vanguard Mid Cap Index Admiral
_____ XXX	_____ VSMAX Vanguard Small Cap Index Admiral
	_____ XXX
	_____ XXX
Balanced	Other
_____ RLBGX American Funds American Balanced	_____ XXX
_____ XXX	
<b>Investment percentages must total 100%.</b>	<b>100%</b>

If you determined your own asset allocation percentages, do you want your assets automatically rebalanced?

☐ Yes☐ No

If Yes, select frequency:

☐ Quarterly☐ Semi-annually☐ Annually**5. Signature**

By signing below, I certify and acknowledge that:

- I have read, understand and agree to the terms on this form and the distribution restrictions of the plan.

Participant's Name (please print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Securities offered and sold through Healthcare Community Securities Corporation (HCSC), Member FINRA, and a Registered Investment Advisor. HANYS Benefit Services (HBS) and Strategic Benefit Services (SBS) insurance programs are provided through Group Insurance Agency (GIA). HCSC and GIA are doing business as HANYS Benefit Services.