

Participant Enrollment 401(k) Plan



WellSpan 401(k) Retirement Savings Plan

95814-02

Participant Information

Last Name		First Name	MI	Social Security Number			
Address - Number & Street				E-Mail Address			
City		State	Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male			
Mo		Day	Year	Mo		Day	Year
Date of Birth		Date of Hire		Do you have a retirement savings plan with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
() Home Phone		() Work Phone					

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.wellspansavings.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

☐ I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Division Name

Division Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION NAME	INVESTMENT OPTION CODE (Internal Use Only)	INVESTMENT OPTION NAME	INVESTMENT OPTION CODE (Internal Use Only)
Stable Value Fund	DIAWL2	Vanguard Target Retirement 2050 Inv	VFIFX
Oppenheimer Global Strategic Income A	OP-STI	Vanguard Target Retirement 2055 Fund	VFFVX
PIMCO Total Return Instl	PTTRX	Vanguard LifeStrategy Growth Fund	VASGX
Mainstay High Yield Corporate Bond I	MHYIX	Vanguard LifeStrategy Conservative Grwth	VSCGX
Vanguard Target Retirement Income Inv	VTINX	American Funds Income Fund A	AF-INC
Vanguard Target Retirement 2005 Fund	VTOVX	Vanguard LifeStrategy Moderate Growth	VSMGX
Vanguard Target Retirement 2010 Inv	VTENX	Columbia Dividend Income Z	GSFTX
Vanguard Target Retirement 2015 Inv	VTXVX	LSV Value Equity Fund	LSVEX
Vanguard Target Retirement 2020 Inv	VTWNX	Vanguard Institutional Index Fund	VG-IND
Vanguard Target Retirement 2025 Inv	VTTVX	American Funds Growth Fund A	AF-GF
Vanguard Target Retirement 2030 Inv	VTHRXX	T. Rowe Price Growth Stock	PRGFX
Vanguard Target Retirement 2035 Inv	VTTHX	Artisan Mid Cap Value Fund	ARTQX
Vanguard Target Retirement 2040 Inv	VFORX	Vanguard Mid Cap Index Signal	VMISX
Vanguard Target Retirement 2045 Inv	VTIVX	Columbia Acorn Fund - A	LACAX



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Columbia Small Cap Value II - A	COVAX	_____ %		Harbor International Instl	HR-INT	_____ %
Vanguard Small Cap Index Signal	VSISX	_____ %		Janus Overseas Fund T	JA-OVR	_____ %
Prudential Jennison Small Company, Inc Z	PSCZX	_____ %		American Funds Capl Wld Gr & Inc A	AF-CWG	_____ %
Wells Fargo Advantage Intl Value I	WFBVIX	_____ %		Lazard Emerging Markets Open	LZOEX	_____ %
American Funds EuroPacific Growth Fund A	AF-EPG	_____ %		MUST INDICATE WHOLE PERCENTAGES = 100%		

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

Participant Signature

Date

Participant forward to Service Provider at:

Great-West Retirement Services®

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone #: 1-877-728-9355

Fax #: 1-866-745-5766

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.