

ENROLLMENT FORM

1. Personal Information (Please print)

Name		Social Security Number	
Address	City	State	Zip
Date of Birth	Date of Hire	Marital Status	
Employee Number	Work Location/Facility	#Hrs Worked/Week	Worked for BSJ Corp in the Past (Where/When)

In accordance with the Bethany St. Joseph Corporation Retirement Plan, ("the Plan"), I enter into this salary deferral agreement and investment election with my Employer by completing this Enrollment Form. As a participant in the Plan, I understand the Plan permits me to defer a portion of my compensation. Please refer to your Summary Plan Description for information on the amount and type of compensation on which you may defer.

I elect to make deferrals from my Compensation. This election applies to my total compensation (including bonus or other irregular amounts)

2. Deferral Amount

The amount I elect to defer will be withheld from my paycheck and paid by my Employer into the Plan on my behalf.

- Effective _____ I wish to defer _____% from my compensation each payroll period.
- I do not wish to defer at this time. *(New Participants only)*

3. Type of Deferral

- Pre-tax deferrals.** All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Deferral Agreement will reduce my current Compensation includible in income for the taxable year of the deferral.
- Roth (after-tax) deferrals.** All of my deferrals as Roth (after-tax) deferrals. I understand the amount of deferrals I have elected in this Salary Deferral Agreement will NOT reduce my current Compensation includible in income for the taxable year of the deferral.
- Split deferral election.** A portion of my deferrals as pre-tax deferrals and a portion of my deferrals as after-tax Roth deferrals, as follows
 _____% of my Compensation as pre-tax deferrals, AND _____% of my Compensation as Roth (after-tax) deferrals [in both blanks indicate at least 1% and specify a whole percentage number].

I understand: (1) My election in Section 3 regarding the type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and (2) any change of election regarding the type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

4. Additional Information Regarding Deferrals

Frequency. This agreement applies to Compensation, including bonuses (i.e. to each paycheck) paid after the effective date of the agreement.

Maximum deferrals/catch-up. My deferrals for any calendar year may not exceed the “402(g) limit”, unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called “catch-up” contributions, in an amount not exceeding the applicable annual catch-up limit. For 2015, the 402(g) limit is \$18,000 and the catch-up limit is \$6,000. The 402(g) limit and catch-up limit are indexed for inflation after 2015. My deferrals, including “catch-up” contributions may not exceed 100% of my Compensation.

Effective date/term/changes. This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Deferral Agreement. Modifications are permitted effective on the first day of each plan year quarter. I am also permitted to revoke my agreement at any time. If I revoke my Agreement, I may not file a new Agreement that is effective until the first day of the next plan year quarter following the change. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

Investment. My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

5. Investment Direction

This applies to your initial enrollment. Changes to your investments once you are enrolled in the Plan must be made either via the Participant Service Center at 888-401-5488, or online at www.plandestination.com.

You may elect to create your custom portfolio by allocating your contributions among the individual mutual funds listed below, (making sure that your allocation totals 100%).

<u>Percent</u>	<u>Name of Fund</u>	<u>Percent</u>	<u>Name of Fund</u>
_____ %	New Perspective - ANWPX	_____ %	Vanguard Wellington Admiral - VWENX
_____ %	Europacific Growth - AEPGX	_____ %	Vanguard Capital Opportunity - VHCA
_____ %	Growth Fund of America - AGTHX	_____ %	Vanguard Short-Term Federal - VSGDX
_____ %	Vanguard Windsor II Admiral - VWNAX	_____ %	Schwab Total Stock Market Fund SWTSX

6. Signature

I understand that the total amount of my salary deferrals may not exceed the “402(g) limit” as outlined above in section 4. I understand that I retain the ability to make changes to my account by calling the Participant Call Center number at 888-401-5488 or online at www.plandestination.com.

Today's Date: _____

Participant Signature

<p>For Employer Use Only</p> <p>Accepted this _____ day of _____, _____.</p> <p>Employer</p> <p>By: _____</p>
