ENROLLMENT FORM	Cristo Rey Brooklyn High School 401 k Profit Sharing Plan Trust
* E N R O L L & 1 *	Social Security #
Employee Name (Last, First, Middle)	
Address (Street)	(Apt. # / P0 Box#)
(City)	(State) (Zip Code)
Birth Date: Month Day Year Hire Date:	Month Day Year
DECIDE HOW MUCH TO SAVE (Use whole percentages) Deductions are per pay period and are subject to maximum deferral an cannot exceed 90% of your compensation. Notify your HR Department ithis year.	d contribution limits. Total 401(k) and Roth 401(k) deductions f you contributed to another 401(k), 403(b), or SIMPLE IRA plan
• 401(k) before-tax contribution election: %	
• Roth 401(k) contribution election:	
 Automatically rebalance my entire account balance to match Quarterly Semi-annually Annually CHOOSE YOUR INVESTMENTS on the following page(s) 	my most recent contribution election:
ACKNOWLEDGMENT AND SIGNATURE Check (✓) only the box that applies, then sign and date the form be Description and Participant Fee Disclosure Statement, have complete provisions of the Plan. I have also reviewed a description of each of and charges associated with each. □ I authorize the company to make the necessary payroll deduction. This election will remain in effect until I elect to change or to discipate that if I fail to complete the investment election in Section II. A, I conversion account balance (if applicable as described above) we □ I decline enrollment and I hereby direct that my prior account failed to complete the investment elections in Section II.A. (If In an effort to eliminate or reduce the negative effects of short-tocompanies have established excessive trading and/or redemption Services, whenever possible, implements the investment company prospectus for information on a specific fund company's policies with an investment fund company, ADP Retirement Services may company has agreed to or requested that is different than the po options in your retirement savings plan may be subject to these prise is not available to you, call a Service Representative) for addition Signature of Employee/Participant	ted the Beneficiary Form, and agree to be bound by the the funds, and understand the objectives, risks, expenses as from my compensation as indicated in Section I of this form continue the payroll deductions. Furthermore, I understand will be deemed to direct that future contributions and my will be invested in the plan default fund. balance will be invested in the plan default fund if I have applicable) Berm trading and market timing, many investment in fee policies for certain investments. ADP Retirement in the plan default fund's will be invested in the fund's policy (please review the fund's policy, there are instances when in consultation impose a market timing policy which the individual fund licy in the fund's prospectus. Because investment colicies, please refer to your Web site (or, if the Web site in all information.
	Date (form continues on back →)
FOR PLAN ADMINISTRATOR USE ONI 1 0 4 6 7 3 Payroll Frequency: We	LY (MUST BE COMPLETED) Beekly
Recordkeeping Plan # Company Code Date Received:	Plan Administrator Approval:
COMMON FNROLL-12	

01-Shell

Cristo Rey Brooklyn High School 401 k Profit Sharing Plan Trust	ROLLOVER FORM – 28
Social Security #: Phone #:	
Employee Name: Last, First, Middle	
Address: Street	Apt. #/PO Box #
City State	Zip Code
Birth Date: Hire Date: — — — — — — — — — — — — — — — — — — —	y Year
ROLLOVER INSTRUCTIONS	
The Rollover Form is used to invest prior plan money in your Plan account. The rollover must be completed from another employer's plan or an IRA and represent all or a portion of a lump sum distribution, or an incontext of a direct rollover, in which the funds are never actually made payable to you, the 60-day perioms Section II.A. Check (✓) the appropriate box to identify the source of this Rollover. Identify the total amount of the rollover. A certified or bank check must accompany this are required. Handwritten checks will be returned to the Plan Administrator. Please incontent the check made payable to Reliance Trust Company. Read the acknowledgment, and then sign and date the form.	d for completing a rollover is inapplicable. form for the stated dollar amount. Pre-printed checks lude your Social Security Number and Plan Number or
Note : If you have not previously enrolled in the Plan, you must complete a Beneficiary Form and give it to	your Plan Administrator. Do not send to ADP .
□ Individual Retirement Account □ SIMPLE IRA (IRA must be in existence for at least 2 years) □ Qualified Plan of (check one): □ an Unrelated Employer □ a Related Employer Note: If you do not check a box, we will understand you have certified that the rollover is from an unsurable Select rollover type: □ Before-Tax 401(k) \$	+\$ Earnings
ACKNOWLEDGMENT, ROLLOVER INVESTMENT DIRECTION AND SIGNATURE have read and understand the Summary Plan Description and Participant Fee Disclosure Statement, have reviously enrolled in the plan, and agree to be bound by the provisions of the Plan. I have also reviewed be objectives, risks, expenses and charges associated with each. I certify that: I received the distribution from the source indicated above within the last 60 days (60-day require). The rollover is from the rollover source indicated above and has not been combined with any mone. No portion of this rollover contribution represents amounts received as a hardship distribution frounderstand that if I do not have a plan account one will be established for my rollover contribution and as been established, I will be mailed my account access information and can make investment allocations of the plan. If I already have a plan account established, I direct that my rollover contribution be in file.	a description of each of the funds, and understand ment not applicable in the case of a direct rollover). ey that would disqualify the rollover. m an employer plan. invested in the plan default fund. Once my account
n an effort to prevent short-term trading and market timing, many investment companies have established excertain investments. ADP Retirement Services, whenever possible, implements the investment company's mark or information on a specific fund company's policies). However, there are instances when ADP Retirement Services, which could differ from the investment company's policy, in order to ensure compliance with the fund's strement savings plan may be subject to these policies, please refer to your Plan Participant Web site (or, if the ervices Representative) for additional information.	essive trading and/or redemption fee policies for et timing policy (please review the fund's prospectus vices may need to implement its own market timing
FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)	Date
Company Code: Date Received: Plan Administrator Approval:	Date Roth 401(k) contributions began: (If not provided, ADP will use date contribution is received) / / 20
Recordkeeping Plan #: 1 0 4 6 7 3	,