

# ENROLLMENT AND INVESTMENT ELECTION FORM

## RETIREMENT INCOME SECURITY PLAN-MOD PIZZA

### YOUR INFORMATION

Participant Name:	SSN:	Effective Date:	<input type="checkbox"/> Original	<input type="checkbox"/> Updated
Birth Date:	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, effective date		
Street Address:				
City, State, Zip:		Email Address:		
Home Phone:	Evening Phone:			
Company/WorkSite Employer:		Date of Hire:		

### YOUR CONTRIBUTIONS

To make it easy for you to get started, your plan includes an **automatic enrollment feature**. You don't have to do anything! **You will be automatically enrolled in your plan at 3.00% per pay period.** If you do not want to participate or would like to choose a different contribution amount, simply complete the form below.

Sign me up now!

**Pre-Tax:** Enroll me in my company's retirement plan and deduct \_\_\_\_\_% or \$\_\_\_\_\_ per pay period on a pre-tax basis.

**Roth:** Enroll me in my company's retirement plan and deduct \_\_\_\_\_% or \$\_\_\_\_\_ per pay period on an after-tax basis.

I do not wish to participate at this time.

### YOUR INVESTMENTS

Your contributions will be invested in the Plan's Qualified Default Investment Alternative (QDIA) unless you select your own investment elections by going online at MyPlanConnection.com, calling 800.878.5220, or by selecting investment options on the reverse side of this form. For more information about the Plan's QDIA, see the Where to Invest insert or review the Plan's QDIA Notice included in your enrollment kit.

### YOUR SIGNATURE

Signature	Printed Name	Date
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By signing this form I authorize (1) My employer to deduct from my compensation the amount stated above; (2) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to invest my contributions in the Plan's QDIA or as instructed on the reverse side; (3) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to redeem from my account balance the recordkeeping fee and any other applicable per-participant, portfolio model, and other fees; and (4) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to pay all sums payable by reason of my death to my named beneficiary(ies). By signing this form I acknowledge and agree that (1) I have read the prospectus of any fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms; (2) I am fully and completely responsible for making sure that the amount of my contributions for any calendar year does not exceed the legal limit under the Internal Revenue Code and that my employer has no duty or obligation to do that for me, but that my employer has the right to reduce the contributions I have elected to make or stop them entirely if my employer determines that the legal limit has been or will be reached; (3) My Trustee(s)/Plan Administrator/BlueStar Retirement Services shall not be responsible for any investments made contrary to this form unless notified of such contrary investment within 10 days after my receipt of the account statement reflecting such contrary investment; and (4) Withdrawals prior to retirement at age 59½ from a qualified retirement plan are limited by federal law and that such withdrawals will be subject to a distribution fee. I certify under penalties of perjury that my Social Security number specified above is correct.

**RETURN FORM TO: BlueStar Retirement Services, P.O. Box 2349, Ponte Vedra, FL 32004 or FAX: 800.260.4066**

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3/12/2022

EnrollmentForm\_BGIFCMODPizz

# YOUR INVESTMENT ELECTIONS

Complete this section only if you wish to affirmatively elect your own investment elections. If you do not make a selection, your contributions will be invested in the Plan's Qualified Default Investment Alternative as explained in the Plan's QDIA Notice.

INVESTMENT OPTION NAME - TICKER	PERCENT	INVESTMENT OPTION NAME - TICKER	PERCENT
<b>PORTFOLIO MODELS</b>			
IFC Aggressive Model	_____%	IFC Growth Model	_____%
IFC Balanced Model	_____%	IFC Stable Model	_____%
IFC Conservative Model	_____%		
<b>INVESTMENT OPTIONS</b>			
DFA Intermediate Government Fixed Income Portfolio (I)-DFIGX	_____%	DFA International Core Equity Portfolio (I)-DFIEX	_____%
DFA US Small Cap Portfolio (I)-DFSTX	_____%	Invesco FTSE RAFI US 1000 ETF-PRF	_____%
iShares 1-3 Year Treasury Bond ETF-SHY	_____%	iShares COMEX Gold Trust ETF-IAU	_____%
iShares Core S&P 500 ETF-IVV	_____%	iShares Core S&P US Growth ETF-IUSG	_____%
iShares Morningstar Mid-Cap Growth ETF-IMCG	_____%	iShares Morningstar Small-Cap Growth ETF-ISCG	_____%
iShares MSCI EAFE ETF-EFA	_____%	iShares MSCI EAFE Minimum Volatility Factor ETF-EFAV	_____%
iShares MSCI Global Minimum Volatility Factor ETF-ACVV	_____%	iShares MSCI International Quality Factor ETF-IQLT	_____%
iShares MSCI USA Minimum Volatility Factor ETF-USMV	_____%	iShares MSCI USA Quality Factor ETF-QUAL	_____%
iShares National Muni Bond Fund-MUB	_____%	MainStay MacKay Strategic Bond Fund (R6)-MSYEX	_____%
MainStay MacKay Total Return Bond Fund (R6)-MTRDX	_____%	Matrix Trust Retirement Cash Account-MTDDA	_____%
SPDR Portfolio Emerging Markets ETF-SPEM	_____%	SPDR Portfolio TIPS ETF-SPIP	_____%
SPDR S&P 600 Small Cap Value ETF-SLYV	_____%	TIAA-CREF High-Yield Fund (I)-TIHYX	_____%
Vanguard Emerging Markets Government Bond Index ETF-VWOB	_____%	Vanguard FTSE Social Index Fund (Adm)-VFTAX	_____%
Vanguard Information Technology ETF-VGT	_____%	Vanguard Intermediate-Term Corporate Bond ETF-VCIT	_____%
Vanguard International Growth Fund (Adm)-VWILX	_____%	Vanguard Long-Term Treasury Index ETF-VGLT	_____%
Vanguard Mid Cap ETF-VO	_____%	Vanguard Real Estate Index ETF-VNQ	_____%
Vanguard Short-Term Corporate Bond ETF-VCSH	_____%	WisdomTree US MidCap Dividend ETF-DON	_____%

# YOUR BENEFICIARIES

You may designate your beneficiaries below. The total percentage must total 100%. **If you are married and your spouse is not designated as your sole primary beneficiary, then notarized consent by your spouse is required.**

Beneficiary Name	SSN	Birth Date	Relationship to Participant	Percentage
				_____%
				_____%
				_____%

NOTARIZED CONSENT BY SPOUSE: I, the undersigned, being the lawful spouse of the above named Participant, do hereby consent to the beneficiaries designated by my spouse in this instrument. I understand that if this consent is in effect at the time of my spouse's death, I have waived any right I might then have to any benefit under the Plan payable due to spouse's death, except to the extent that my spouse may name me specifically as a beneficiary herein. This consent and waiver is my free and voluntary act. I understand that my consent is irrevocable unless my spouse revokes the above beneficiary designation.

Signature (spouse) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE NOTARY PUBLIC:** \_\_\_\_\_ **Notary Public Stamp** \_\_\_\_\_

Sworn before me this day: \_\_\_\_\_ In the State of: \_\_\_\_\_ County of: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My commission Expires: \_\_\_\_\_

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