

ENROLLMENTS AND CHANGES TO THE POPULAR MASTER PLAN

COMPANY INFO.	PLAN NAME			COMPANY NAME																		
	FULL NAME																					
	ADDRESS			SOCIAL SECURITY NO.																		
				CITY, STATE, ZIP CODE																		
PARTICIPANT INFORMATION	EMPLOYEE NO.	EMPLOYEE E-MAIL ADDRESS	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single	EMPLOYMENT DATE (mm/dd/yy)	DATE OF BIRTH (mm/dd/yy)																	
	Participation - Pre-Tax Contributions I authorize my employer to deduct from my salary each payroll date, the percentage indicated here for deposit to the Savings and Retirement Plan _____% which shall not exceed the following dollar limits: <u>Amount</u> <u>Year(s)</u> \$15,000 2013 and Future Years		Participation - After-Tax Contributions I authorize my employer to deduct from my salary each payroll date, the percentage indicated here for deposit to the Retirement and Savings Plan. (Maximum 10%) _____%		TRANSACTION TYPE Eligibility Date (mm/dd/yy) _____ <input type="checkbox"/> New Enrollment: Effective Date (mm/dd/yy) _____ <input type="checkbox"/> Re Enrollment <input type="checkbox"/> Suspended Contributions <input type="checkbox"/> Contributions Reinstatement <input type="checkbox"/> Change Contribution Percentage <input type="checkbox"/> After-Tax Contribution of \$ _____ <input type="checkbox"/> Beneficiary Change: Effective Date (mm/dd/yy) _____ <input type="checkbox"/> New Address <input type="checkbox"/> Change of Name/Last Name: _____ <input type="checkbox"/> I do not wish to participate in the plan. <input type="checkbox"/> I do not wish to participate of the Automatic Increase Program.																	
1. Primary Beneficiaries <table border="1"> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> </table>							FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%
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2. Secondary Beneficiaries (In case of death of primary beneficiary) <table border="1"> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> <tr> <td>FULL NAME</td> <td>RELATIONSHIP</td> <td>SOCIAL SECURITY NO.</td> <td>%</td> </tr> </table>							FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%	FULL NAME	RELATIONSHIP	SOCIAL SECURITY NO.	%
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NOTE: If you are married, and your spouse is not your only beneficiary, he/she must sign in this section. His signature should be made before a Notary Public or your Plan Administrator.																						
I _____, am the legal spouse of the plan participant and I'm signing this form and resigning to my primary beneficiary designation as indicated in the above section of this document. I resign to my right of receiving the full benefit I might have otherwise received should my spouse deceased.																						
SIGNATURES	SPOUSE SIGNATURE			DATE (mm/dd/yy)		NOTARY PUBLIC SEAL																
	NOTARY PUBLIC SIGNATURE OR PLAN ADMINISTRATOR			DATE (mm/dd/yy)																		
	I certify that the information herein given is true and correct to the best of my knowledge.																					
	PARTICIPANT SIGNATURE			DATE (mm/dd/yy)																		
OFFICIAL USE	REVISED	DATE (mm/dd/yy)	PROCESSED	DATE (mm/dd/yy)	PLAN NAME																	