

Enrollment Form

Case Number: 196-80104

COMPANY NAME: _____

Ascend HR Solutions Retirement Plan

Yes, sign me up.

Follow these four easy steps:

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Please clearly print current and accurate information below. Please note that this enrollment form is for your initial enrollment only. For future changes, refer to the account access card on the back cover. All employees who have met the plan's eligibility requirements, regardless of whether you choose to participate, must complete all applicable sections of the form.

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STEP ONE: COMPLETE YOUR PERSONAL INFORMATION

Social Security

Number:

Name:

Last

First

MI

Address:

Street & Apt#/PO Box

City

State

ZIP Code

____/____/____

Date of Birth

____/____/____

Date of Hire

Gender (M or F)

Marital Status

Company

STEP TWO: COMPLETE YOUR CONTRIBUTION ELECTION(S)

ELECTIVE DEFERRALS

- I elect to participate and contribute _____% of compensation per pay period on a **pre-tax (traditional)** basis. (Maximum for all accounts - pre-tax and Roth contributions: \$16,500 for 2009)
- I elect to participate and contribute _____% of compensation per pay period to a **Roth (after tax basis)**. (Maximum for all accounts - pre-tax and Roth contributions: \$16,500 for 2009)
- I elect not to make *elective deferrals* until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date. If I elect to roll over money into the plan I authorize my rollover to be invested as indicated below.

CATCH-UP CONTRIBUTIONS

- I will be at least 50 years of age or older by the end of the calendar year and elect to make catch-up contributions to the plan. (The maximum catch-up contribution is \$5,500 for 2009.) I elect to contribute _____% of compensation per pay period as catch-up contributions once my maximum allowable deferral limits are met. Please note all catch-up contributions will be allocated as designated above.

Social Security

Number:

Name:

Last

First

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STEP THREE: CHOOSE YOUR INVESTMENT OPTION BY CHECKING A BOX BELOW

Please complete one of the "Do It For Me", "Help Me Do It", or "I'll Do It Myself" sections based on your investment style and goals. Refer to page 12 of your enrollment book for help in choosing.



DO IT FOR ME

Professional Money Management

I prefer to let a registered investment advisor choose and monitor my investments for me.

✓ Check the box below, then go to the next step and sign your name.

- I understand that I must complete and return the Investment Advisor Agreement. All money initially invested will be held in the fund listed below until the registered investment advisor receives the Agreement and invests my money.

Temporary Default Fund:
NW Mny Mkt Inst

Inquire Code:
688

Allocation Percentage:
100%



HELP ME DO IT

I prefer to pick just one fund, based on my investor profile.

✓ Select the fund below that matches your profile on page 16, then go to the next step and sign your name.

- | Fund Name: | Inquire Code: | Allocation Percentage: |
|--|---------------|------------------------|
| <input type="checkbox"/> NW Inv Dest Mod Aggr SC | 971 | 100% |
| <input type="checkbox"/> NW Inv Dest Mod SC | 972 | 100% |
| <input type="checkbox"/> NW Inv Dest Cnsrv SC | 974 | 100% |

Social Security

Number:

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I'LL DO IT MYSELF

I elect to invest as follows:

Select investments below based on your profile on page 16, then go to the next step and sign your name. All allocations must be made in whole percentages, and the total must equal 100%.

Asset Class	Fund Name	Percentage	Inquire Code	Asset Class	Fund Name	Percentage	Inquire Code
SP	-Capital World Bond Fd R3	_____%	364	LC	-AMCAP Fund ClassR3 Shares	_____%	292
SP	DWS RREEF RealEst Sec A	_____%	1267	LC	Allegiant S&P500 Indx Fd A	_____%	332
SP	Jennison Health Sciences A	_____%	1193	LC	Am Cent Large Co Value A	_____%	469
IS	-Capital World Gr & Inc R3	_____%	388	LC	Pioneer Fund Class A	_____%	1009
IS	AllianceBrnstn IntlValFd-A	_____%	578	BA	NW Inv Dest Cnsrv SC	_____%	974
IS	MFS Intl New Disc Fd A	_____%	443	BA	NW Inv Dest Mod Aggr SC	_____%	971
SC	Neu Ber Genesis Fd TC	_____%	398	BA	NW Inv Dest Mod SC	_____%	972
SC	Opp Main St Small Cap Fd A	_____%	377	BA	Van Kampen Equity & Inc A	_____%	304
SC	UBS US Sm Cap Growth Fd A	_____%	456	BA	Vanguard Bal Index Fd IS	_____%	1442
MC	Drey Premier New Leaders A	_____%	734	BD	BlkRck HiYld Bd Port Inv A	_____%	592
MC	Fid Adv Leveraged Co Stk A	_____%	1309	BD	LordAbbett Core Fixd Inc A	_____%	369
MC	Franklin BalSheet Inv Fd A	_____%	975	BD	PIMCO TtlRetrn Fnd Cls A	_____%	138
MC	GdmnScs Growth Opp Fd A	_____%	278	BD	Pioneer Strategic Income A	_____%	382
MC	NW MdCap Mkt Indx A	_____%	968	CA	NW Mny Mkt Inst	_____%	688

Total Percentage 100%

Double-check that your selections equal 100%

Asset Class Legend: IS - International Stocks, SC - Small-Cap Stocks, MC - Mid-Cap Stocks, LC - Large-Cap Stocks, BA - Balanced, BD - US Bonds
SB - Short-Term Bonds, CA - Cash, SP - Specialty, AA - Asset Allocation

Additional funds are available to you after this enrollment process is completed by visiting nationwide.com.

STEP FOUR: SIGN AND DATE

Please return this completed form to YOUR HUMAN RESOURCE REPRESENTATIVE.

Signature: **X**

Date:

Welcome to your plan!

Don't forget to set up your online access at nationwide.com.

Beneficiary Designation Form

Case Number: 196-80104

COMPANY NAME: _____

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This form is used to designate the payment of your account balance upon your death. Follow these easy steps.

Social Security Number: _____ Name: _____
Last First MI

STEP ONE: Enter Primary Beneficiary Information.

Percentages must total 100%.

If you are married, your spouse must be the sole primary beneficiary unless your spouse approves otherwise and signs the waiver below.

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

STEP TWO: Enter Contingent Beneficiary Information.

Percentages must total 100%.

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

Last Name _____ First Name _____ Relationship _____

Address _____ Percentage ____%

STEP THREE: Complete and Sign.

I certify that I am: Married Not Married Legally Separated

Participant Signature _____ Date _____

STEP FOUR: This section must be completed if your spouse is not the sole primary beneficiary.

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name _____

Spouse Signature _____ Date _____

This consent must be witnessed by either a plan representative or a notary public.

STATE OF _____ COUNTY OF _____

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative or Notary Public

Date

Notary Public Commission expires: _____

(Notary Seal)

Return form to: YOUR HUMAN RESOURCE REPRESENTATIVE.