

Participant Enrollment/Investment Election Form
PFPOPE Tax Deferred Retirement Plan for the City of Portsmouth

911512

PARTICIPANT INFORMATION: (Please Print Information Clearly)

Employee Name: _____ Date of Birth: ___/___/___
 Street: _____ City: _____ State: _____ Zip: _____
 Social Security Number: _____ Date of Hire: ___/___/___ Married: _____ Single: _____

CONTRIBUTION ELECTION

Elective Deferrals

- PRE-TAX CONTRIBUTIONS: I elect to participate and contribute of compensation per pay period on a pre-tax basis, as indexed.
- ROTH CONTRIBUTIONS: I elect to participate and contribute of compensation per pay period as a ROTH Contribution, as indexed.
- 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. Although I elect not to save through payroll deduction, I understand my employer may elect to contribute a discretionary contribution to the Plan, and I authorize such a contribution to be invested as indicated below.

Catch-up Contributions

If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch-up" contributions per your Plan's Summary Plan Description. See the Plan Administrator for more details.

INVESTMENT ELECTION

I authorize all contributions to be invested as follows. Choose one of the Asset Allocation Models below or from the list of individual Investments.

Asset Allocation Models

- ___ High Growth
- ___ Growth
- ___ Moderate
- ___ Capital Preservation
- ___ Very Conservative

OR

Individual Investments

New Contributions must be entered as whole percentages and total 100%.

Investment Name	Ticker	Type	ID	New Contributions
American Funds US Gvt MM A	AFAXX	Stable Value	G2	_____%
American Funds Hi-Inc Tr R5	RITFX	Bond	5S	_____%
PIMCO Income Inst'l	PIMIX	Bond	KJ	_____%
PIMCO Real Return Inst'l	PRRIX	Bond	PZ	_____%
Vanguard Sh-Term Bd Index Adm	VBIRX	Bond	K4	_____%
Vanguard Wellesley Income	VWINX	Balanced	VT	_____%
Vanguard Wellington Admiral	VWENX	Balanced	X7	_____%
American Funds EuroPacfic R5	RERFX	Equity	5G	_____%
Fidelity Contrafund	FCNTX	Equity	8V	_____%
Fidelity Emerging Markets	FEMKX	Equity	IX	_____%
Fidelity Sel Software& IT Srv	FSCSX	Equity	Z9	_____%
T. Rowe Price Health Sciences	PRHSX	Equity	2D	_____%

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Investment Name	Ticker	Type	ID	New Contributions
Vanguard 500 Index Admiral	VFIAX	Equity	6C	_____ %
Vanguard Mid-Cap Gr Index Adm	VMGMX	Equity	YX	_____ %
Vanguard Selected Value	VASVX	Equity	R1	_____ %
Vanguard SmallCap Grth Ind Adm	VSGAX	Equity	JG	_____ %

Note: Funds marked with an asterisk (*) report investment returns on a calendar quarter basis.

SIGNATURES

Participant Signature

Date

For more information on your Plan, call the Voice Response System at 800-530-1272 or access the Internet site at www.bpas.com. You can also speak directly to a Participant Service Center representative by calling 866-401-5272, Monday-Friday, 8:00am-8:00pm EST.