

<b>Paychex Use Only</b>
SunGard Plan Number _____



## Retirement Services Enrollment Form

**Employee Information** (All information in this section is required)

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_ Office/Client Number \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

**Enrollment** (Check one box)

**Yes**, I want to enroll in the plan at this time. I have indicated below the percentage that I want to contribute to the plan through payroll deduction.

**Salary Contribution Percentage** \_\_\_\_\_ %

Note: Your selection must be in increments of 1%.

**No**, I do not want to enroll in the plan at this time. My contribution percentage is zero (0%).

**Salary Contribution Percentage** 0 %

**Investment Selection**

In the "Investment Selection" column, I have entered the percent of my contribution that I want allocated in the fund(s) choices.

I understand the "Investment Selection" and corresponding percentage will remain in effect until I request a change and receive a confirmation of the change, in accordance with the provisions of the plan.

I understand that if this section is not completed, or if the fund percentages **total more than 100%**, that 100% of my contribution will be invested in the Money Market fund.

Finally, I understand that if the "Investment Selection" percentages **total less than 100%**, the difference will be invested in the Money Market fund.

You may select any combination in 1% increments totaling 100%.

Legg Mason Partners Class C		Investment Selection
145	LMP Capital and Income Fund	%
149	LMP Mid Cap Core Fund	%
151	LMP Large Capitalization Growth Fund	%
154	LMP Small Cap Growth Opportunities Fund	%
155	LMP Global Equity Fund	%
158	LMP Aggressive Growth Fund	%
160	LMP Appreciation Fund	%
161	LMP Small Cap Value Fund	%
164	LMP Investment Grade Bond Fund	%
166	LMP Fundamental Value Fund	%
146	LMP Exchange Reserve	%
6712	LMP Government Securities Fund	%
<b>Totals</b>		<b>100%</b>

**Note:** These investment selections are for future allocations only and will not impact currently invested funds.

**Authorization and Signature**

As a participant in this plan, your employer may provide your investment and plan eligibility information to third parties necessary to administer the plan.

I hereby authorize the company to make the necessary payroll deductions from my compensation as indicated above. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the plan.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT NOTICE CONCERNING TELEPHONE AND INTERNET TRANSACTIONS**

You will have the ability to provide investment instructions by telephone and online. All investment instructions must be initiated with the use of a personal identification number (PIN). You are solely responsible for protecting the security of your PIN. Any investment instructions received by telephone or online regarding your account will be considered to have been provided by you and be an authorized investment instruction. Paychex, the Transfer Agent, and the Investment Company are entitled to rely on the investment instructions given by telephone or online. Paychex, the Transfer Agent, or the Investment Company shall not be liable for any loss, cost, or expense for acting upon such investment instructions. You may bear the risk of any loss due to unauthorized or fraudulent telephone and/or online investment instructions. By signing this enrollment form, you release the Transfer Agent and the Investment Company, Paychex, Inc., and their affiliates from any and all liability for acting upon the investment instructions received by telephone or online.