

Retirement Plan Enrollment/Change



EMPLOYER: Complete this section.

Employer authorization

Employer: Please retain this form for your records.

Panum Group, LLC

Name of employer, organization or company

Panum Telecom, LLC 401(k) Plan

Name of plan

54755010001

Plan ID #

The employee named in Section 1 is eligible to participate in the plan as of / / (mm/dd/yyyy)

Sujata Gupta

Name of signer for employer (print)

CEO & Managing Member

Title

X Authorized signature

Date (mm/dd/yyyy)

EMPLOYEE: Complete Sections 1-4 and return this form to your employer.

1 Employee information

Please type or print clearly.

Please check one of the following: [ ] New plan enrollment [ ] Changes to existing account

First name (print) MI Last SSN

Residence address (physical address required — no P.O. boxes) City State ZIP

Mailing address (if different from residence address) City State ZIP

Date of birth (mm/dd/yyyy) Date of hire (mm/dd/yyyy) Country of citizenship

Marital status: [ ] Married [ ] Single Gender: [ ] Male [ ] Female

2 Employee contributions

Before completing this section, please check with your plan to determine the contribution options you have available.

[ ] I authorize my employer to withhold from my wages each pay period:

Before-tax contributions of % OR \$

Catch-up contributions of % OR \$

[ ] I do not wish to make contributions at this time.



**3 Investment Selection**

Please select either A or B below:

- A. I wish to select **one** of the American Funds Target Date Retirement Funds® from the choices below. (Please select only one.)
- 2010 Target Date   
  2015 Target Date   
  2020 Target Date   
  2025 Target Date   
  2030 Target Date  
 2035 Target Date   
  2040 Target Date   
  2045 Target Date   
  2050 Target Date

- B. I wish to select my own investments from the fund options below. (Only **whole** percentages will be accepted; must total 100%.)

Fund name	Percentage	OR	Dollar amount
1. EuroPacific Growth Fund	_____ %		\$ _____
2. New Perspective Fund	_____ %		\$ _____
3. SMALLCAP World Fund	_____ %		\$ _____
4. The Growth Fund of America	_____ %		\$ _____
5. Fundamental Investors	_____ %		\$ _____
6. The Investment Company of America	_____ %		\$ _____
7. The Income Fund of America	_____ %		\$ _____
8. American Balanced Fund	_____ %		\$ _____
9. The Bond Fund of America	_____ %		\$ _____
10. U.S. Government Securities Fund	_____ %		\$ _____
11. The U.S. Treasury Money Fund of America	_____ %		\$ _____
12. American Funds 2050 Target Date Retirement Fund	_____ %		\$ _____
13. American Funds 2045 Target Date Retirement Fund	_____ %		\$ _____
14. American Funds 2040 Target Date Retirement Fund	_____ %		\$ _____
15. American Funds 2035 Target Date Retirement Fund	_____ %		\$ _____
16. American Funds 2030 Target Date Retirement Fund	_____ %		\$ _____
17. American Funds 2025 Target Date Retirement Fund	_____ %		\$ _____
18. American Funds 2020 Target Date Retirement Fund	_____ %		\$ _____
19. American Funds 2015 Target Date Retirement Fund	_____ %		\$ _____
20. American Funds 2010 Target Date Retirement Fund	_____ %		\$ _____
<b>Total</b>	<b>100%</b>		<b>\$ _____</b>

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections for your account will be invested in the plan's default fund. Assets will remain in the default fund until you use the participant website to exchange assets into the funds of your choice.

**4 Employee signature**

By signing below, I acknowledge that I have authorized my employer to withhold the amount specified in Section 2 from my wages. I acknowledge that I have completed a beneficiary designation form.

**X** \_\_\_\_\_  
Employee's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)



# Beneficiary Designation

**Please read the following carefully before completing the "Beneficiary designation" section below.**

The designation of a beneficiary can have important tax consequences. You are encouraged to consult with your tax adviser before completing this form. Neither American Funds Distributors, Inc. (AFD), Capital Bank and Trust Company (CB&T) nor any affiliate of CB&T shall be liable for any claim, loss, damage or expense arising out of or in any manner connected with a distribution pursuant to this completed Beneficiary Designation form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

## 1 Information about you

*Please type or print clearly.*

Name of employer	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table>												
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	Date of birth (mm/dd/yyyy)												

## 2 Beneficiary designation

*If the percentages don't add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. If you wish to customize your designation or need more space, please attach a separate sheet.*

I revoke all previous designations and direct that this account be distributed upon my death to the designated beneficiary(ies) below. If a designated primary beneficiary dies prior to the owner, that primary beneficiary's share will be divided equally among the surviving primary beneficiaries. If no primary beneficiary(ies) survives the participant, benefits will be paid to the contingent beneficiary(ies).

**Primary beneficiary(ies):** (If you're married and naming someone other than your spouse as the primary beneficiary, Section 3 of this document must be completed.)

First name (print)	MI	Last	Relationship	%																					
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**Contingent beneficiary(ies):** (Complete only if you're naming a primary beneficiary above.)

First name (print)	MI	Last	Relationship	%																					
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SSN		Date of birth (mm/dd/yyyy)																							

**Signature:**

X Participant's signature	/ / Date (mm/dd/yyyy)
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**3 Spousal consent**

By signing this spousal consent, I verify that I am the spouse of the participant whose name appears on this form. I understand that my spouse has chosen to name someone other than me as the sole primary beneficiary under this plan and that this designation is not valid without my irrevocable consent. I hereby irrevocably consent to the beneficiary designation on this form. I further acknowledge that my consent is irrevocable unless my spouse revokes this designation.

\_\_\_\_\_  
First name (print) MI Last

**X** \_\_\_\_\_  
Signature Date (mm/dd/yyyy)

Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse.

\_\_\_\_\_  
Name of plan representative (print) **X** Plan representative's signature

**X** \_\_\_\_\_  
Notary public's signature State County

Subscribed and sworn to me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Month