



SECTION A. Employer Information

Company/Employer Name

Montgomery County Public Schools

New Enrollment Contribution Change

Contract/Account No.

TR197608

Affiliate No.

00001

Division No.

SECTION B. Participant Information

Social Security No.

Date of Birth (MM-DD-YYYY)

Date of Hire (MM-DD-YYYY)

Marital Status

Married Single/Divorced

Employee ID #

Last Name

First Name/Middle Initial

Mailing Address/Apt. No.

Phone No.

Ext. (if any)

City

State

Zip Code

E-Mail Address

SECTION C. Investment Allocation

Indicate investment allocation for new deposits using whole percentages. The total allocation among all options in Section C must equal 100%.

Choose a Portfolio - Strategic Allocation Funds

N618	T. Rowe Price Retire Income Adv . . .			%
N614	T. Rowe Price Retire 2010 Adv			%
N615	T. Rowe Price Retire 2020 Adv			%
N616	T. Rowe Price Retire 2030 Adv			%
N617	T. Rowe Price Retire 2040 Adv			%

Create a Portfolio

MF4B	Diversified Money Market			%
M43B	Diversified Total Return Bond Fund			%
M44B	Diversified Value Fund			%
N489	Legg Mason Value Trust F1			%
N447	Royce Total Return F1			%
N558	Pennsylvania Mutual Inv Fund			%
N771	Legg Mason Special Inv Trust			%
N772	Legg Mason Opportunity Trust F1			%
N471	American Funds Grwth Fund of Amer R3			%
N505	American Funds Europac R3			%
N443	American Balanced R3			%

Reminder: The total allocation among *all* options in Section C must equal 100%.

SECTION D. Contributions

I elect to reduce my eligible compensation by \$ _____ or _____% each pay period as a pre-tax salary deferral contribution.
(amount) (whole percentages)

(For employees who have attained age 50 or will attain age 50 this calendar year) I elect to reduce my eligible compensation, in equal amounts each pay period, as a pre-tax salary deferral catch-up contribution, as indicated below:

maximum amount each year

\$ _____ each year
(amount)

The above election(s) is effective with the payroll period beginning _____ (may not be effective earlier than the following month).
(date)

SECTION E. Signatures

I would like to consolidate my retirement assets from my former employer (or my IRA with another financial institution) to an account with Diversified Investment Advisors. Please have a Diversified representative contact me to arrange for receipt of all necessary information.

I agree to the terms of the plan. I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of the plan.

The Diversified funds are offered through Diversified Investors Securities Corp., 4 Manhattanville Road, Purchase, NY 10577. Any non-Diversified fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements, such as DISC. I understand that this enrollment application will be effective upon receipt by Diversified. I certify that the information provided on this application is correct and complete.

X _____
Participant Signature Date

X _____
Employer Signature Date

X _____
Registered Representative Signature Date Reg. Rep. Code

SECTION F. Broker Information

Fixed:

Broker Name Broker Code _____%

Mutual Funds:

Broker Name Broker Code _____%