

SECTION D. Beneficiary Information

This designation will apply to the account number set forth above and, for current participants, will update any prior beneficiary designation. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee. *Note: If you are currently receiving required minimum distributions, do not use this form. Contact the Retirement Counseling Unit (800-926-0044 x2700) to designate a beneficiary.*

Primary Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits

Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits

SECTION E. Contributions

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

The above election(s) is effective with the payroll period beginning _____ (may not be retroactive).
(date)

Calendar Year	Annual Dollar Limit*	Equivalent Bi-Weekly Limit
2002	\$11,000	\$423.08
2003	\$12,000	\$461.54
2004	\$13,000	\$500.00
2005	\$14,000	\$538.46
2006 or thereafter	\$15,000	\$576.92

*Higher limits may apply in the three calendar years prior to normal retirement. Please contact ACCE if you could potentially benefit from the higher limits

SECTION F. 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 am aware that amounts deferred under this type of plan are included in my employer's general assets. I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice according to the terms of the plan. I understand that upon termination of my employment, my account will be distributed according to my election made prior to my termination and according to the terms of the plan. I understand that this distribution election can be made and/or changed up to 30 days before distribution, and is irrevocable once payments begin.

The Diversified funds are offered through Diversified Investors Securities Corp., 4 Manhattanville Road, Purchase, NY 10577. I understand that the fixed interest option(s) are available under group annuity contract(s) issued by Transamerica Financial Life Insurance Company, 4 Manhattanville Road, Purchase, NY 10577. I understand that transfer restrictions may apply. I certify that the information provided on this application is correct.

X _____
Participant Signature Date

X _____
Employer Signature Date

X _____
Registered Representative Signature Date Reg. Rep. Code

SECTION H. Broker Information

Fixed:

Mutual Funds:

Broker Name Broker Code %

Broker Name Broker Code %