

**ENROLLMENT FORM**

Social Security Number

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Plan Number:

40386

**Plan Name: Bernard Johnson Corporation Profit Sharing Plan**

***Participant Information***

Participant Name:

\_\_\_\_\_  
Last First Middle Initial

Participant Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Date of Birth:

\_\_\_\_\_

Date of Hire:

\_\_\_\_\_

I want to: *(Select one)*

Enroll

Re-Enroll

Waive my right to make pretax contributions at this time

***Pretax Contribution Information***

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: \_\_\_\_\_%.

*(The percentage indicated cannot exceed **60%** of your eligible Compensation unless you are age 50 or will turn age 50 during the current calendar year. For the calendar year, your total pretax contributions and any catch-up contributions for eligible participants cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)*

***After-tax Contribution Information***

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on an **AFTER-TAX** basis \_\_\_\_\_%.

*(Your election should not exceed **100%** of your eligible Compensation. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)*

***Investment Elections***

I choose to invest my Account as follows:

*(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%.)*

Permissible Investment Option	Name	Investment Option Number	Percentage
1	FMMT- Retirement Government Money Market Fund	0631	
2	Managed Income Portfolio	0632	
3	Fidelity Ginnie Mae Fund	0015	
4	Fidelity Government Income Fund	0054	
5	Fidelity Investment Grade Bond Fund	0026	
6	Fidelity New Markets Income Fund	0331	

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7	Fidelity Puritan Fund	0004	
8	Fidelity Convertible Securities Fund	0308	
9	Fidelity Value Fund	0039	
10	Fidelity Low-Priced Stock Fund	0316	
	<b>* The Low-Priced Stock Fund is closed to new investors effective July 30, 2004.</b>		
11	Fidelity Blue Chip Growth Fund	0312	
12	Fidelity <i>Contrafund</i> <sup>®</sup>	0022	
13	Fidelity Real Estate Investment Portfolio	0303	
14	Fidelity Freedom Income Fund <sup>®</sup>	0369	
15	Fidelity Freedom 2000 Fund <sup>®</sup>	0370	
16	Fidelity Freedom 2010 Fund <sup>®</sup>	0371	
17	Fidelity Freedom 2020 Fund <sup>®</sup>	0372	
18	Fidelity Freedom 2030 Fund <sup>®</sup>	0373	
19	Fidelity Freedom 2040 Fund <sup>®</sup>	0718	
20	Fidelity Freedom 2045 Fund <sup>SM</sup>	1617	
21	Fidelity Freedom 2050 Fund <sup>SM</sup>	1618	

<b>Total</b>	<b>100%</b>
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**Note:** Your investment elections will not apply to Plan assets received from a prior custodian/trustee until all Participant Account information has been received and reconciled by Fidelity.

### *Signatures*

I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I change or revoke it or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated above and to make a contribution to the Plan on my behalf. I understand that I have the right to obtain a prospectus for more information about the Plan's investment options by contacting Fidelity at 1-800-835-5097.

**PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

As Plan Administrator I hereby acknowledge receipt of this form.

**PLAN ADMINISTRATOR**  
**SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLAN ADMINISTRATOR**  
**PRINT NAME\*** \_\_\_\_\_

**\*Note:** The Plan Administrator should both print and sign his/her name in the spaces given.

**Note:** The Plan Administrator must provide the information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

<b>For Plan Administrator Use Only:</b>	<b>Participation Date:</b> _____	<b>Vesting Date:</b> _____
	<b>Years of Service:</b> _____	
	<b>Employee No.:</b> _____	<b>Division:</b> _____

***Form Completion Checklist***

**Before submitting this form please verify that you have included the following information:**

- Participant's social security number
- Investment Elections (Whole percentages totaling 100%)
- Participant signature
- Plan Administrator signature